

Attachment A

Application for Federal Assistance SF-424*** 1. Type of Submission:**

- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*** 2. Type of Application:**

- ☒ New
- ☐ Continuation
- ☐ Revision

*** If Revision, select appropriate letter(s):***** Other (Specify):***** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:**5a. Federal Entity Identifier:**

91-0868056

5b. Federal Award Identifier:

NA

State Use Only:**6. Date Received by State:****7. State Application Identifier:****8. APPLICANT INFORMATION:***** a. Legal Name:**

Northwest Educational Service District 189

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

91-0868056

*** c. UEI:**

WML2CBM6SE95

d. Address:*** Street1:**

1601 R Avenue

Street2:*** City:**

Anacortes

County/Parish:

Skagit

*** State:**

WA: Washington

Province:*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

98221-2276

e. Organizational Unit:**Department Name:**

Behavioral Health Services

Division Name:**f. Name and contact information of person to be contacted on matters involving this application:****Prefix:**

Ms.

*** First Name:**

Natalie

Middle Name:*** Last Name:**

Gustafson

Suffix:**Title:**

Assistant Director, Behavioral Health Svcs

Organizational Affiliation:

Northwest Educational Service District 189

*** Telephone Number:**

360-299-4038

Fax Number:*** Email:**

ngustafson@nwesd.org

Application for Federal Assistance SF-424*** 9. Type of Applicant 1: Select Applicant Type:**

G: Independent School District

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Department of Education

11. Catalog of Federal Domestic Assistance Number:

84.184

CFDA Title:

School Safely National Activities

*** 12. Funding Opportunity Number:**

ED-GRANTS-100422-001

* Title:

Office of Elementary and Secondary Education (OESE): Safe & Supportive Schools: School-Based Mental Health Services (SBMH) Grant Program, Assistance Listing Number 84.184H

13. Competition Identification Number:

84-184H2022-2

Title:

84.184H School Based Mental Health

14. Areas Affected by Project (Cities, Counties, States, etc.):

NWESD_SBMHP+_AreasAffected.pdf

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

NWESD School-Based Mental Health Services (SBMHP+): Responding to the needs of students with the most complex mental health concerns

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:*** a. Applicant * b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:* a. Start Date: * b. End Date: **18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="11,852,401.00"/>
* b. Applicant	<input type="text" value="192,053.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="2,934,287.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="14,978,741.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☒ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes ☒ No

If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title: * Telephone Number: Fax Number: * Email:

* Signature of Authorized Representative: * Date Signed:

Areas Affected by Project

84.184H School Based Mental Health

LEA: Northwest Educational Service District 189

State: Washington

Region: Northwest Washington

Counties: Island, San Juan, Skagit, Snohomish, Whatcom

Recognized Tribes:

1. Lummi Tribe
2. Nooksack Indian Tribe
3. Samish Indian Nation
4. Sauk-Suiattle Indian Tribe
5. Stillaguamish Tribe of Indians
6. Swinomish Indian Tribal Community
7. Tulalip Tribes
8. Upper Skagit Indian Tribe

School Districts:

- | | |
|----------------------|---------------------|
| 1. Anacortes | 19. Lynden |
| 2. Arlington | 20. Marysville |
| 3. Bellingham | 21. Meridian |
| 4. Blaine | 22. Monroe |
| 5. Burlington-Edison | 23. Mount Baker |
| 6. Concrete | 24. Mount Vernon |
| 7. Conway | 25. Mukilteo |
| 8. Coupeville | 26. Nooksack Valley |
| 9. Darrington | 27. Oak Harbor |
| 10. Edmonds | 28. Orcas Island |
| 11. Everett | 29. San Juan Island |
| 12. Ferndale | 30. Sedro-Woolley |
| 13. Granite Falls | 31. Shaw Island |
| 14. Index | 32. Snohomish |
| 15. La Conner | 33. South Whidbey |
| 16. Lake Stevens | 34. Stanwood-Camano |
| 17. Lakewood | 35. Sultan |
| 18. Lopez Island | |

NWESD Areas Affected by
Project 10/22/2022

Congressional Districts in Project

84.184H School Based Mental Health

LEA: Northwest Educational Service District 189

NWESD School-Based Mental Health Services (SBMHP+): Responding to the Needs of Students with
the Most Complex Mental Health Concerns

State: Washington

LEA Region: Northwest Washington

Congressional Districts in Project: 1 and 2

Congressional District 2	Congressional District 1
Anacortes - 98221	Arlington – 98223
Bellingham – 98225	Bellingham – 98225
Burlington-Edison – 98233	Blaine – 98230
Conway – 98274	Burlington-Edison – 98233
Coupeville - 98239	Concrete – 98237
Edmonds – 98036	Darrington - 98241
Everett - 98201	Granite Falls - 98252
Ferndale - 98248	Index - 98256
La Conner - 98257	Marysville – 98270
Lake Stevens – 98258	Lake Stevens – 98258
Lakewood - 98271	Monroe - 98272
Lopez Island - 98261	Snohomish - 98290
Lynden - 98264	Sultan - 98294
Marysville – 98270	
Meridian - 98226	
Mount Vernon - 98273	
Mukilteo - 98275	
Nooksack - 98247	
Oak Harbor - 98277	
Orcas Island - 98245	
San Juan Island - 98250	
Shaw Island - 98286	
Sedro-Woolley - 98284	
South Whidbey - 98260	
Stanwood-Camano - 26920	

Budget Narrative File(s)

* **Mandatory Budget Narrative Filename:**

Add Mandatory Budget Narrative

Delete Mandatory Budget Narrative

View Mandatory Budget Narrative

To add more Budget Narrative attachments, please use the attachment buttons below.

Add Optional Budget Narrative

Delete Optional Budget Narrative

View Optional Budget Narrative

NWESD School-Based Mental Health Services (SBMHP+): Responding to the Needs of Students with
the Most Complex Mental Health Concerns

SECTION C: BUDGET NARRATIVE

60 Month Project Period

1. PERSONNEL

One Director of NWESD's Department of Behavioral Health and Prevention will dedicate 0.05 FTE during the project period (Years 1-5) to lead project-related policy and system change efforts to enable durable retention of credentialed SBMHP+, provide fiscal oversight, and supervise and evaluate the Asst. Director. Base salary is \$146,646 plus a 3.5% Cost of Living Adjustment (COLA) annually beginning in Year 2. Year 5 will be 100% supported by non-Federal matching funds. Total = \$30,890 direct cost plus \$8,406 non-Federal match.

One Assistant Director of NWESD's Department of Behavioral Health and Prevention will dedicate 0.25 FTE during the project period (Years 1-5) to provide project-related leadership and direction, establish partnerships and negotiate formal agreements, develop a framework for diversifying the workforce, leverage a variety of funding mechanisms, convene statewide stakeholders, provide licensed clinical supervision for up to three SBMHP+, and supervise and evaluate the Behavioral Health Administrator. Base salary is \$130,080 plus a 3.5% COLA annually beginning in Year 2. A percentage of this FTE will be supported by non-Federal matching funds: 49% in Year 1, 100% in Year 2, 41% in Year 3, and 100% in Year 5. Total = \$73,170 direct cost plus \$101,145 non-Federal match.

One Behavioral Health Administrator will dedicate 1.0 FTE to during the project period (Years 1-5) to oversee implementation of all program activities including recruitment, retention, and workforce diversification, provide licensed clinical supervision for up to four SBMHP+, oversee the electronic record system for confidential and consistent case management and reporting, maintain compliance with all state and federal requirements, monitor expenditures, ensure quality management of services, oversee program audit, coordinate with school and community partners, and supervise and evaluate the program

manager, clinical supervisor, and administrative assistant. Base salary is \$115,024 plus a 3.5% COLA annually beginning in Year 2. Ninety percent (90%) of this position will be grant-funded and 10% will be funded through non-Federal matching funds. Total = \$555,129 direct cost plus \$61,681 non-Federal match.

One Program Manager/Clinical Supervisor will dedicate 1.0 FTE during the project period (Years 1 – 5) to support implementation of project-related activities including recruitment, hiring, retention, diversification of workforce, training and professional development for SBMHP+, data collection and utilization, reporting, outreach to schools where SBMHP+ is placed, and licensed clinical supervision for up to seven SBMHP+. Base salary is \$108,430 plus a 3.5% COLA annually beginning in Year 2. This position is fully funded by the grant. Total = \$581,422 direct cost.

One Clinical Supervisor will dedicate 0.50 FTE beginning in Year 2 through Year 5 to provide licensed clinical supervision for up to six SBMHP+ and contribute expertise to development and delivery of training and professional development. Base salary is \$72,192 (at 50% = \$43,080) plus a 3.5% COLA and a 4.5% step increase annually beginning in Year 3. This position is fully funded by the grant. Total = \$194,123 direct cost.

One Administrative Assistant will dedicate 1.0 FTE (SECTION D ADMINISTRATIVE EXPENSES) during the project period (Years 1-5) to provide clerical and logistical support for the life cycle of the project, including coordinating work that directly impacts recruitment, hiring, retention, service delivery, and supports mileage reimbursement, travel arrangements, data entry and data integrity, monitoring and reports, and strengthening implementation of the electronic records system within organization and department operations. Base salary is \$60,195 plus a 3.5% COLA annually beginning in Year 2. A percentage of FTE (62% in Year 1, 67% in Year 2, and 100% in Years 3-5) will be supported by Section D Administrative Expenses and a percentage will be funded by non-Federal matching funds (38% in Year 1, 33% in year 2). Total = \$279,359 admin expense (Section D) plus \$49,691 non-Federal match.

Twenty School-Based Mental Health Professionals (SBMHP+) will dedicate 1.0 FTE (190 days per year), with 10 hired in Year 1, plus four hired in Year 2, plus three hired in Year 3, plus three hired in Year 4 and continuing in Year 5. SBMHP+ will deliver direct services to students, focusing 80% of their time on Tier 3 MTSS support services and 20% of their time on Tier 1 and 2 MTSS support services. Base salary is \$72,192.34 (hired in Year 1) plus a 3.5% COLA and a 4.5% step increase annually beginning in Year 2. In Year 1 (10 SBMHP+) and 2 (14 SBMHP+), 75% of SBMHP+ salary will be funded by the grant and 25% will be funded by non-Federal match. In Year 3 (17 SBMHP+), 74% of SBMHP+ salary will be funded by the grant and 26% will be funded by non-Federal match. In Year 4 (20 SBMHP+), 73% of SBMHP+ salary will be funded by the grant and 27% will be funded by non-Federal match. In Year 5 (20 SBMHP+), 70% of SBMHP+ salary will be funded by the grant and 30% will be funded by non-Federal matching funds. Total = \$5,458,392 direct cost plus \$2,028,882 non-Federal match.

2. FRINGE BENEFITS

Fringe benefits are calculated based on salary. Non-Federal matching funds contributed to fringe benefits are allocated based upon the percent of FTE supported.

Fringe benefits include medical, long-term disability, workers compensation, Medicare, Social and Security (FICA) at a rate of 26.21% of salary. A 10% increase is budgeted each year to ensure stability of benefits authorized by the Washington State Health Care Authority for school employees. Total = \$2,037,125 direct cost plus \$642,140 non-Federal match.

Fringe benefits also include state retirement benefits at a rate of 11.79% of salary. NWESD participates in the Washington State Department of Retirement Systems School Employees Retirement System (SERS). Total = \$812,700 direct cost plus \$234,395 non-Federal match.

3. TRAVEL

The project will serve schools in five counties in northwest Washington state. SBMHP+ will have assigned school placements and may be required to travel to multiple schools to perform project related duties. Mileage to support program activities is based on an average of 150 miles per SBMHP+ per month

for 10 months. NWESD's current reimbursement rate for use of a personal automobile is \$0.62 per mile.

The following amounts and miles are budgeted (Total = \$84,630 direct cost):

- \$11,160 to support 12 staff for up to 18,000 miles in Year 1
- \$14,880 to support 16 staff up to 24,000 miles in Year 2
- \$17,670 to support 19 project staff for up to 28,500 miles in Year 3
- \$20,460 to support 22 project staff for up to 33,000 miles in Year 4
- \$20,460 to support 22 project staff for up to 33,000 miles in Year 5

Project-related conference travel is budgeted at \$6,058 each project year to support up to three staff to attend the *Annual Conference on Advancing School Mental Health* facilitated by the University of Maryland School of Medicine. While this conference has been held virtually for the past two years, this budget includes the estimated cost of attending in-person. The Assistant Director, Behavioral Health Administrator, and Program Manager/Clinical Supervisor will attend. Travel estimates are based on the last in-person conference held in 2019 in Austin, Texas, November 7-9 using published rates available on October 28, 2022 (Total = \$30,290 direct cost):

- \$17,550: \$3,510 each year (\$1,170 per person) for round trip airfare (Bellingham, WA to Austin, TX)
 - \$8,400: \$1,680 each year (\$560 per person) for four nights lodging in Austin, TX
 - \$3,840: \$768 each year (up to \$64 per diem per person) for up to four days in Austin, TX
 - \$500: \$100 each year for ground transportation from airport to hotel and hotel to airport
4. EQUIPMENT No funding is requested for equipment.
 5. SUPPLIES

Project-related supplies necessary to support student-centered services include (Total = \$29,150 direct cost):

- \$2,025 (\$25 per SBMHP per year) for pens, post-it notes, spiral notebooks

- \$600 for Laptop case (\$30 per person)
- \$6,325 for one-time purchase of cell phones at \$275 per SBMHP and clinical supervisor
- \$4,000 for Adobe License at \$200 per person per year
- \$16,200 for therapeutic supplies such as manipulatives, puppets, and other tools and materials that facilitate mental health counseling of children and adolescents (\$200 per SBMHP+ per year)

6. CONTRACTUAL

Translation and interpreter services will be accessible to SBMHP+. The hourly rate of \$100 is based on an existing vendor contract. This budget estimates approximately two hours per month per SBMHP+.

Total = \$16,200 direct cost.

In addition to no-cost advertising methods, NWESD will pay to boost job postings for SBMHP+ opportunities quarterly, or until all positions are filled. The estimated cost is based on existing rates of \$300 each “boost”. The total project cost of advertising for recruitment is \$6,000.

The annual cost for a Washington State Behavioral Health Agency license renewal is \$1,600 annually. Retaining this licensure supports retention of SBMHP+ seeking or maintaining state licensure and provides the groundwork for the potential of billing for services in the future. Total = \$8,000 direct cost.

SBMHP+ will receive 40 hours of training and professional development. Professional development will be offered by the project leadership team, and through contracted professional development at a cost of \$250 per SBMHP annually. The following professional development opportunities are identified and will be selected based on the needs of SBMHP and the student population they serve. Training/professional development may include Trauma Focused Cognitive Behavioral Therapy, Motivational Interviewing, Dialectical Behavioral Therapy, Play Therapy, Family Systems, and Solution Focused Brief Therapy. Costs estimates are based 2021 three-day virtual clinical training from Harborview Center for Sexual Assault and Traumatic Stress which is followed by six months of consultation group participation at a cost of \$250 per person. Total = \$20,250 direct cost.

7. CONSTRUCTION No construction-related expenditures in this project.

8. OTHER

Project staff will have access to an electronic record system to support confidential case management and reporting at an annual cost of \$720 per license. This supports Tier 3 MTSS intervention for approximately 800 students each year. Total = \$72,000 direct cost.

Cell phone service will be contracted at a cost of \$55 per month per person for 12 months (60 months total). This supports continuous communication between SBMHP+, families, colleagues who work at school placements sites throughout the region and ensures SBMHP+ are not sharing their personal phone numbers. Total = \$62,700 direct cost.

Tech fees are based on \$3,882 and include a computer, software, cables and access to technology support services in NWESD. Total = \$374,615 direct cost.

Space fees are based on \$4,865 per cubicle plus secure storage. Total = \$59,730 direct cost.

A retention bonus of \$1,200 will be offered to SBMHP+ annually (following 12 months of service) at the time of contract renewal. Retention bonuses for mental health professionals have become common practice. Total = \$97,200 direct cost.

A reimbursement of up to \$500 per SBMHP+ is budgeted to support continuing education and professional development required for staff to obtain and retain state licensure. This supports retention efforts. Total = \$42,500 total direct cost.

Registration for the annual School-Based Mental Health national conference is estimated at \$200 per person per year. Total = \$3,000 direct cost.

Section D Limited Administrative Expenses includes Other Expenses for phone service and support (\$3,300), computer, software, tech support (\$19,410), workspace and storage (\$24,325), and an annual Adobe license (\$1,000).

9. TOTAL DIRECT COSTS

Direct costs total (Section A Budget Summary) \$10,649,935 for the project period. This includes \$6,893,126 in personnel costs, \$2,849,824 in fringe benefits, \$114,920 for project-related mileage and travel, \$29,150 for supplies, \$50,450 for contractual services, and \$712,465 in other project-related expenses.

Administrative expenses total (Section D Limitation on Administrative Expenses) \$439,931 and includes \$279,359 in personnel costs, \$112,537 in fringe benefits, plus \$48,035 in other expenses which include a license for the electronic case management system, computer, software, related tech support fees, phone and workstation. This is 5% of direct costs or less for each year.

10. INDIRECT COSTS

NWESD's approved Federal indirect cost rate is 7.16% effective September 1, 2022, through August 31, 2023. Total indirect: \$762,536

11. TRAINING STIPENDS No training stipends allocated to this grant.

12. TOTAL COSTS

The entire project cost is \$14,978,743 which includes \$11,412,471 in direct cost, \$762,535 in indirect costs, \$439,931 limited administrative expenses, and \$3,126,340 in non-Federal matching funds. The table below provides a breakdown of total costs for each year of the project and the grand total.

<i>Budget Year</i>	<i>Section A</i>	<i>Section D</i>	<i>Total Fed</i>	<i>Section B</i>
Year 1	\$1,361,470	\$61,147	\$1,422,617	\$342,276
Year 2	\$1,932,242	\$68,305	\$2,000,547	\$486,271
Year 3	\$2,381,812	\$100,282	\$2,482,094	\$596,877
Year 4	\$2,855,361	\$103,456	\$2,958,817	\$745,278
Year 5	\$2,881,586	\$106,740	\$2,988,326	\$955,638
<i>Total by category</i>	\$11,412,471	\$439,930	\$11,852,401	\$3,126,340
<i>Percent of direct costs</i>		4%		26%
Total Project Cost				\$14,978,741

SOURCE OF MATCHING FUNDS COMMITTED

- Northwest Education Service District 189 has committed \$192,053 in non-Federal funds to support staffing.
- Skagit County has committed \$86,435 in non-Federal funds to support staffing.
- School districts, through cooperative agreements, will commit \$2,847,852 in non-Federal funds to support SBMHP+.

Abstract

An abstract is to be submitted in accordance with the following:

1. Abstract Requirements

- Abstracts must not exceed one page and should use language that will be understood by a range of audiences.
- Abstracts must include the project title, goals, and expected outcomes and contributions related to research, policy, and practice.
- Abstracts must include the population(s) to be served.
- Abstracts must include primary activities to be performed by the recipient.
- Abstracts must include subrecipient activities that are known or specified at the time of application submission.

For research applications, abstracts also include the following:

- Theoretical and conceptual background of the study (i.e., prior research that the investigation builds upon and that provides a compelling rationale for this study).
- Research issues, hypotheses and questions being addressed.
- Study design including a brief description of the sample including sample size, methods, principals, and dependent, independent, and control variables, as well as the approach to data analysis.

[Note: For a non-electronic submission, include the name and address of your organization and the name, phone number and e-mail address of the contact person for this project.]

You may now Close the Form

You have attached 1 file to this page, no more files may be added. To add a different file, you must first delete the existing file.

* Attachment:

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

**NWESD School-Based Mental Health Services (SBMHP+): Responding to the Needs of Students
with the Most Complex Mental Health Concerns**

Northwest Educational Service District 189 (NWESD) is an LEA as defined in 20 U.S.C. 7801(30) and a licensed Behavioral Health Agency, providing a continuum of school-based mental and behavioral health services across northwest Washington serving students in 35 school districts in Island, San Juan, Skagit, Snohomish, and Whatcom counties on land of Lummi, Nooksack, Samish, Swinomish, Stillaguamish, Sauk-Suiattle, Upper Skagit, and Tulalip Tribes.

There is a critical need to increase the number of credentialed school-based mental health professionals (SBMHP+) with the requisite education, training, and supervision to address the needs of students with complex mental health issues. NWESD will recruit, place, support, and retain 20 SBMHP+ to provide behavioral health services for students in schools with the greatest need (Absolute Priority 2). This will increase access for up to 5,000 students (1 SBMHP+:250 students) annually, including more intensive support and case management for up to 800 students annually. To adequately support the unique cultural needs and experiences of our priority population, NWESD will seek and encourage people from diverse backgrounds and those who are from the community to become SBMHP+ (Competitive Preference Priority 2).

NWESD will scale its existing SBMHP+ services, ensuring prompt delivery of services no later than 180 days from the date of award notification. NWESD has the requisite cooperative agreements with schools, state and county health departments, and community-based organizations to deliver on the promise to protect and prioritize the needs of students with higher needs and those at greater risk of mental health challenges. Outcome measurables will be monitored for continuous improvement to increase the number of SBMHP+ hired (GPRA1) and retained (GPRA2), decrease rate of attrition (GPRA4), improve the SBMHP+ to student ratio (GPRA3), increase the number of students served (GPRA5), and increase qualified applicants from traditional underrepresented groups (GPRA6).

NWESD SBMHP+ Abstract

NOTICE TO ALL APPLICANTS

The purpose of this enclosure is to inform you about a new provision in the Department of Education's General Education Provisions Act (GEPA) that applies to applicants for new grant awards under Department programs. This provision is Section 427 of GEPA, enacted as part of the Improving America's Schools Act of 1994 (Public Law (P.L.) 103-382).

To Whom Does This Provision Apply?

Section 427 of GEPA affects applicants for new grant awards under this program. **ALL APPLICANTS FOR NEW AWARDS MUST INCLUDE INFORMATION IN THEIR APPLICATIONS TO ADDRESS THIS NEW PROVISION IN ORDER TO RECEIVE FUNDING UNDER THIS PROGRAM.**

(If this program is a State-formula grant program, a State needs to provide this description only for projects or activities that it carries out with funds reserved for State-level uses. In addition, local school districts or other eligible applicants that apply to the State for funding need to provide this description in their applications to the State for funding. The State would be responsible for ensuring that the school district or other local entity has submitted a sufficient section 427 statement as described below.)

What Does This Provision Require?

Section 427 requires each applicant for funds (other than an individual person) to include in its application a description of the steps the applicant proposes to take to ensure equitable access to, and participation in, its Federally-assisted program for students, teachers, and other program beneficiaries with special needs. This provision allows applicants discretion in developing the required description. The statute highlights six types of barriers that can impede equitable access or participation: gender, race, national origin, color, disability, or age. Based on local circumstances, you should determine whether these or other barriers may prevent your students, teachers, etc. from such access or participation in, the Federally-funded project or activity. The description in your application of steps to be taken to overcome these barriers need not be lengthy; you may provide a clear and succinct description of how you plan to address those barriers that are applicable to your circumstances. In addition, the information may be provided in a single narrative, or, if appropriate, may

be discussed in connection with related topics in the application.

Section 427 is not intended to duplicate the requirements of civil rights statutes, but rather to ensure that, in designing their projects, applicants for Federal funds address equity concerns that may affect the ability of certain potential beneficiaries to fully participate in the project and to achieve to high standards. Consistent with program requirements and its approved application, an applicant may use the Federal funds awarded to it to eliminate barriers it identifies.

What are Examples of How an Applicant Might Satisfy the Requirement of This Provision?

The following examples may help illustrate how an applicant may comply with Section 427.

- (1) An applicant that proposes to carry out an adult literacy project serving, among others, adults with limited English proficiency, might describe in its application how it intends to distribute a brochure about the proposed project to such potential participants in their native language.
- (2) An applicant that proposes to develop instructional materials for classroom use might describe how it will make the materials available on audio tape or in braille for students who are blind.
- (3) An applicant that proposes to carry out a model science program for secondary students and is concerned that girls may be less likely than boys to enroll in the course, might indicate how it intends to conduct "outreach" efforts to girls, to encourage their enrollment.
- (4) An applicant that proposes a project to increase school safety might describe the special efforts it will take to address concern of lesbian, gay, bisexual, and transgender students, and efforts to reach out to and involve the families of LGBT students.

We recognize that many applicants may already be implementing effective steps to ensure equity of access and participation in their grant programs, and we appreciate your cooperation in responding to the requirements of this provision.

Estimated Burden Statement for GEPA Requirements

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain benefit (Public Law 103-382). Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20210-4537 or email ICDocketMgr@ed.gov and reference the OMB Control Number 1894-0005.

Optional - You may attach 1 file to this page.

NWESD_SBMHP+_GEPA.pdf

Add Attachment

Delete Attachment

View Attachment

Compliance with General Education Provisions Act Section 427

LEA: Northwest Educational Service District 189

**NWESD School-Based Mental Health Services (SBMHP+): Responding to the Needs of Students with
the Most Complex Mental Health Concerns**

Northwest Educational Service District 189 (NWESD) will ensure that no student or staff member is denied participation based on gender, race, national origin, color, disability, sexual orientation, or age.

This project is designed to increase student access to credentialed school-based mental health professionals, particularly for underserved groups at higher risk of mental health challenges including racial and ethnic minority youth, LGBTQ+ youth, low-income youth, youth in rural areas, youth in immigrant and migrant households, and homeless youth.

Northwest Educational Service District 189 (NWESD) has taken steps to mitigate barriers to access.

Grant funds will be used to:

- Recruit, hire, train and support, place and retain credentialed school-based mental health professionals (SBMHP+) serving in schools furthest from services
- Recruit, hire, train and support, place and retain SBMHP+ who are from diverse backgrounds and/or from the communities served
- Provide translation/interpretation services to support virtual interventions and mental health support for students who are English Learners and their families
- Deliver school-based mental health services in-person and virtually
- Allocate time for SBMHP+ to work with families to ensure communication between home and school with constant conversations through web-based visits, phone calls, emails etc.

U.S. Department of Education Supplemental Information for the SF-424
Application for Federal Assistance**1. Project Director:**

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Ms.	Natalie		Gustafson	

Project Director Level of Effort (percentage of time devoted to grant): 25

Address:

* Street1:	1601 R Avenue
Street2:	
* City:	Anacortes
County:	Skagit
* State:	WA: Washington
* Zip Code:	98221-2276
Country:	USA: UNITED STATES

* Phone Number (give area code) Fax Number (give area code)

360-299-4038	
--------------	--

* Email Address:

ngustafson@nwesd.org

Alternate Email Address:

--

2. New Potential Grantee or Novice Applicant:

a. Are you either a new potential grantee or novice applicant as defined in the program competition's notice inviting applications (NIA)?

☐ Yes ☒ No**3. Qualified Opportunity Zones:**

If the NIA includes a Qualified Opportunity Zones (QOZ) Priority in which you propose to either provide services in QOZ(s) or are in a QOZ, provide the QOZ census tract number(s) below:

4. Human Subjects Research:

a. Are any research activities involving human subjects planned at any time during the proposed Project Period?

☐ Yes ☒ No

b. Are ALL the research activities proposed designated to be exempt from the regulations?

☐ Yes Provide Exemption(s) #(s): ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

☐ No Provide Assurance #(s), if available:

c. If applicable, please attach your "Exempt Research" or "Nonexempt Research" narrative to this form as indicated in the definitions page in the attached instructions.

Add Attachment

Delete Attachment

View Attachment

CERTIFICATION REGARDING LOBBYING**Certification for Contracts, Grants, Loans, and Cooperative Agreements**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

*** APPLICANT'S ORGANIZATION**

Northwest Educational Service District 189

*** PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE**

Prefix: Mr. * First Name: Larry Middle Name:
 * Last Name: Francois Suffix:
 * Title: Superintendent

* SIGNATURE: Completed on submission to Grants.gov

* DATE: Completed on submission to Grants.gov

Other Attachment File(s)

* Mandatory Other Attachment Filename: OSPI 2022-June-23 Indirect Rate Letter_ESD 189.pdf

Add Mandatory Other Attachment

Delete Mandatory Other Attachment

View Mandatory Other Attachment

To add more "Other Attachment" attachments, please use the attachment buttons below.

Add Optional Other Attachment

Delete Optional Other Attachment

View Optional Other Attachment

Old Capitol Building
PO Box 47200
Olympia, WA 98504-7200

k12.wa.us



Washington Office of Superintendent of
PUBLIC INSTRUCTION
Chris Reykdal, Superintendent

June 23, 2022

Larry Francois
Superintendent
Northwest ESD 189
1601 R Ave.
Anacortes, WA 98221

Re: Federal indirect cost rates for the 2022-23 school year

Dear Superintendent Francois:

This letter represents the agreement for indirect cost rates for the 2022-23 school year for Northwest Educational Service District (ESD) 189. As the cognizant agency for ESDs, under 2 CFR Part 200, Appendix V, Part F(1), the Office of Superintendent of Public Instruction (OSPI) is authorizing the following agreement with your ESD.

The following rates are for the period of September 1, 2022 to August 31, 2023.

Federal Indirect Cost

Restricted:

A restricted rate of 7.16 percent is allowed to be charged against federal grants from the U.S Department of Education (USED) that contain supplement-not-supplant provisions.

Unrestricted:

An unrestricted rate of 11.15 percent is allowed to be charged against federal grants that do not contain supplement-not-supplant provisions. This includes grants from other federal agencies in addition to USED.

State Indirect Cost

A rate of 11 percent is allowed to be charged against state grants which pass through OSPI.

The indirect cost rates discussed above only apply to grant awards and not to contracts, cooperative agreements, and other types of agreements. Administrative charges that are part of cooperative agreements, fee for service programs, and other contracts may be determined by the ESDs and their customers under the terms of these agreements.

Indirect costs exclude all space and occupancy costs which have been charged to programs directly. Space and occupancy costs are allowed to be charged directly to programs per the 90-day letter that the ESDs submitted to the USED in 2006.

Additionally, each ESD is required to submit by February 1st of each year, an indirect cost plan calculating the subsequent year's rate along with the methodology used to calculate the rates.

If you have any questions or need additional information, please contact me by email at amy.harris@k12.wa.us or by phone at (360) 688-0485.

Sincerely,

A handwritten signature in cursive script that reads "Amy Harris".

Amy Harris
Director, Federal Fiscal Policy

cc: Lisa Matthews, Assistant Superintendent

Christopher P. Allen, MA LMHC

Burlington, WA.

chrisa@fidalgo.net

(360) 770-4416

Summary

Established licensed mental health professional, experienced in utilizations management, quality assurance, clinical practice, case-management, and supervisory duties. Possesses strong verbal and written communication skills. Proficient working with children and families with complex needs. Experienced in program development and implementation of innovative community and school-based mental health programs.

Professional Experience

Northwest ESD 189

Behavioral Health Administrator- Project Manager September 2019 to present

Program Manager *Support Health and Resiliency in Education (SHARE)* project assisting two local school districts in advancing their Multi-tiered Systems of Support (MTSS) frameworks and increasing capacity for tier 2-3 mental health and social emotional interventions. Developing and managing Skagit County school-based clinical mental health program placing mental health professionals in three local school districts.

North Sound Behavioral Health Organization

Quality Specialist; September 2016 to June 2019

Performed numerous duties for regional Medicaid behavioral health authority including reporting and documenting regional Critical Incidents and Second Opinions, participated in determinations on Children's Long-Term Inpatient Program (CLIP). Conducted various on-site clinical quality reviews with behavioral health agency contractors. Experience with various programs and levels of care including outpatient mental health, Integrated Dual Disorders Treatment (IDDT), and Program for Assertive Community Treatment (PACT). Participated in committee addressing school-based mental health needs in the region.

Northwest ESD 189

Clinical Supervisor/Clinician; August 2013 to August 2016

Supervised seven clinicians providing clinical mental health services in four counties, 14 school districts. Provided clinical mental health services to children and families through school-based program. Duties included staff training and orientation, program development, contract compliance with various partners (North Sound Mental Health Administration, Skagit and Whatcom Counties, local school districts).

Regence Blue Cross Blue Shield

Utilization Management Clinician; July 2010 to June 2013

Behavioral health utilization review for insurance plan - psychiatric and substance abuse services. Reviewed inpatient, residential and outpatient levels of care for Regence Federal Employee Program and commercial lines of business in Utah, Oregon,

RESUME: Christopher P. Allen

Washington, and Idaho. Conducted medical necessity and facility intensity-of-service reviews for all levels of behavioral health services and authorized stays.

Skagit County - Youth and Family Services

Intervention Specialist I and II; May 2009 to December 2009

Advocacy, assessment, referral, and treatment planning for clients identified through innovative school-based program for at-risk students. Provided direct family and individual counseling / case management services to child and adolescent clients. *IS position II* duties included supervision of case management staff providing these services.

Mental Health Therapist

Skagit Behavioral Health – Private Practice, July 2001 to 2008.

Provide individual, couples and family therapy to clients largely through contracts with major insurance companies.

Secret Harbor School

Clinical and Associate Director/Case Manager; April 1996 to September 1999

Supervised and managed all aspects of SHS's residential programs, including transitional foster care home, chemical dependency program and thirty-bed treatment facility for emotionally, behaviorally disturbed adolescent boys. Supervised clinical team for facility, including registered nurse and three master's level therapists. Developed and implemented successful transitional residential chemical dependency recovery program.

Education

Antioch University, Seattle, WA

Master of the Arts: Psychology (Focus - Children and Families)

Internship: Skagit Mental Health Center - CHAP In-home Services, Child and Family Therapy.

Seattle University, Seattle, WA

Bachelor of the Arts: Humanities

Focus: Psychology

Licenses and Certifications

Washington State Licensed Mental Health Counselor: #LH00004151

Washington State Mental Health Professional

Washington State Child Mental Health Specialist

Washington State Approved Mental Health Supervisor

Jodie DesBiens

*Skagit Valley Washington
425 879-8810 - jdesbiens@newsd.org*

EDUCATION

Masters Educational Leadership -City of Seattle, Seattle Washington - 2009

Bachelor of Arts Education -Western Washington University -1987

Bachelor of Arts Psychology/Clinical Mental Health Western Washington University - 1981

CERTIFICATIONS

Washington State Professional Education Certificate Residency Administrator

Washington State Professional Education Certificate Continuing Teacher 4-12 Social Studies/English

LEADERSHIP EXPERIENCE

Northwest Educational Service District 189 - *Director of Behavioral Health and Prevention* 2012-2022

Northwest Educational Service District 189 -*Open Doors Principal* 2015 -2021

Northshore School District - *District Substitute Principal* - 2011 -2012

Arlington School District - Weston High School –Building Principal Designee - 2010 - 2011

Arlington High School – Dean of Students - 2005 -2010

STATE AND NATIONAL LEADERSHIP

*Collaborated with State Educational Service Directors group, Association ESD Leadership and State Network, Office of Superintendent of Public Instruction, and other state agencies to support the sustainability of programs

*Testified to Washington State Legislature in support of Suicide Prevention programming in schools

*Briefed multiple members of the U.S. Congress to garner support for Children's Mental Health services and funding

*Worked with Health Care Authority and other state entities to provide leadership In Prevention /Intervention services

DIRECTOR OF BEHAVIORAL HEALTH AND PREVENTION SERVICES

NORTHWEST EDUCATIONAL DISTRICT-189 2012 -Present

Program Development, Committee Work and Supervision Experience:

- Collaborated with 5 County Health Departments to promote and fund **Behavioral Health Services**
- Developed relationships with Superintendents and district leaders in 35 school districts to provide a variety of **Wrap Around services** for at risk students.
- Assisted 35 school districts in crafting policies and procedure to meet state and federal compliance requirements
- Created 2 highly successful **Drop out Reengagement High Schools**
- Facilitated county partnership with NWESD Leadership to build Trauma Informed practices.
- Supervised and evaluated **Teaching, Behavioral Health, Prevention, Safety Center, Reengagement, Treatment, and Educational Advocate** staff as well as administrative staff.
- Oversaw all programs including **Behavioral Health, SUD Treatment, Student Assistance, Prevention and Intervention, Safety and Threat Assessment, Reengagement and Attendance, Homeless and Unaccompanied Minors Open Doors High School, and Educational Advocate/Juvenile Justice**
- Created and Implemented - **Threat Assessment** and developed **Behavioral Health Agency**
- Active member of the regional Children's' Policy Executive Team
- Developed and hosted System of Care regional Conference/Workshop

- Developed and hosted annual regional Safety Summit
- Wrote and secured multiple grants and private funding for student support programming
- Coordinated efforts with both private and public behavioral health organizations and other stakeholders to develop student support programs.
- Executive board member of Skagit County Child and Family Consortium

PROFESSIONAL DEVELOPMENT

Northwest Educational Service District - 189

Salem Kaiser Threat Assessment Trainer of Trainers

Advancing School Mental Health Conference- Presenter

National Council for Mental Wellbeing Hill Day - Legislative Advocacy

National Association of School Psychologists - PREPaRE Trainer of Trainers

Signs of Suicide Trainer of Trainer

Project AWARE National Conference

Project AWARE Technical Assistance/ Youth Development

Project AWARE Interconnected Systems Framework TOT /Workshop

Youth Mental Health First Aid Trainer of Trainers

National Network Prevention Conference

National Council for Mental Wellbeing Hill Day - Legislative Advocacy

Collaborative Leadership Seminar

National Systems of Care Conference

Student Misconduct and Investigation Training

Response to Intervention

Critical Friends Trainer or Trainer

PRINCIPAL/ASSISTANT PRINCIPAL/DEAN OF STUDENTS

NORTHSHORE, ARLINGTON, AND EDMONDS SCHOOL DISTRICTS 1988 - 2012

Program Development, Committee Work, and Supervision Work:

- Supervised and evaluated classified staff
- Implemented and developed training for new teachers
- Implemented **School Safety and Family Reunification Plan**
- Led **Professional Learning Communities** for CTE and English departments
- Developed **Culminating Project and Senior Conference program**
- Coordinated the **Collection of Evidence**
- Developed **Advisory curriculum** for grades 9 through 12
- Created and chaired **AHS Scholarship Committee**
- Designed **High School and Beyond Plan** for Alternative High School
- Created and implemented School Improvement Wrap Around Model for at risk youth
- Identified and managed graduation plans for credit deficient students
- Fully involved in the School Accreditation process
- Chaired Building Leadership Team/ **Instructional Council**
- Assisted Activities Director and revitalized the Leadership Program
- Develop **Pyramid of Interventions** to support struggling students
- Co-chaired and facilitated all aspects of graduation
- Coordinated **Student Engagement Program**
- Aided in developing the Master Schedule for Special Education

- Organized and facilitated staff meetings and professional development opportunities
- Organized and coordinated parent and community volunteer programs

TEACHING EXPERIENCE

Northshore School District - 2011 -2012

Arlington High School, Arlington, Washington - 2004 -2011

Lynnwood High School, Lynnwood, Washington - 1988 -2004

Taught Honors English, Dramatic Arts, Social Studies, Psychology and Humanities

Coached Soccer, Swimming and Drama

Natalie Gustafson, MS, LMFT #2509, CMHS
13391 Avon Allen Rd
Mount Vernon, WA 98273
ngustafson@nwesd.org/360.391.4855

Education

MS Marriage and Family Therapy
 Seattle Pacific University 2003

BA Child, Consumer and Family Studies (Human Development)
 Washington State University 1996

Experience

Northwest Educational Service District 189 – <i>Assistant Director of Behavioral Health and Prevention</i>	11/19 - Present
Northwest Educational Service District 189 – <i>Prevention Program Manager</i>	10/17 – 10/19
Northwest Educational Service District 189 – <i>Student Assistance Professional</i>	10/15 – 09/17
Northwest Educational Service District 189 – <i>School Based Behavioral Health Therapist</i>	09/13 – 09/15
WSU Skagit County Extension – <i>Adult Education Coordinator</i>	06/12 – 09/13
WSU Skagit County Extension – <i>Senior Nutrition and Activity Facilitator</i>	01/12 – 06/12
Self Employed Fitness/Wellness Trainer	07/09 – 09/17
Owner Tulip Country Bike Tours	04/07 – Present Secret
Harbor - <i>Program Director of Burlington Residential Facility</i>	01/08 – 07/09
Secret Harbor - <i>Therapist/Caseworker Cypress Island Residential Facility</i>	10/03 – 01/07
Safeco Insurance Corporation – <i>Quality Assurance Specialist</i>	02/99 – 09/03

Teaching and Supervisory Experience

Provide clinical supervision and direction of Behavioral Health and Prevention Department staff at Northwest Educational Service District

Develop, implement and train education system staff in suicide prevention, intervention and postvention best practices.

Provide ongoing staff professional development, training and supervision at Northwest ESD and Secret Harbor.

Approved Washington State Clinical Supervisor - Supervision of Master's Level Interns

WSU Skagit County Extension – Developed, led and taught Adult/Parent/Community Wellness Education Classes

Fit4Mom Classes – Lead and trained staff to teach Parent/Child Classes

Led and taught educational, support and therapeutic groups in community mental health, schools and residential settings

Certifications and Licensures

Child Mental Health Specialist	September 2013
Pre/Post Natal Fitness Instruction Certification	July 2009

2 | Natalie Gustafson

Washington State Marriage and Family Therapy Licensure

June 2006

Clinical Expertise and Professional Competencies

- Skilled and experienced in individual and group therapeutic interventions and support for anxiety and mood disorders, ADHD, PTSD, life transitions, attachment, grief/loss, complex trauma, emerging psychosis, crisis and relational/family systems dynamics. My approach is diverse and builds on cultural strengths. I empower client voice and choice with interventions that are experiential, behavioral and increase coping, problem solving and emotional processing.
- Teach and apply evidence-based educational, therapeutic and behavioral programming.
- Washington State Approved Mental Health Professional Supervisor
- Provide behavioral health system technical assistance to five county region of school districts.
- Implement prevention and intervention programming.
- Collect, assess and evaluate data in accordance with state, federal and private grant requirements.
- Facilitate implementation of multi-tiered systems of support.
- Build relationships with community agencies and businesses to support shared goals.
- Develop and market innovative educational, behavioral health and entrepreneurial projects.
- Experience working with a diverse population in a five-county region of Washington State.
- Proven supervision, leadership and management skills.

Professional Development

Lifelines Trainer of Trainers	March 2021
SAMHSA Trauma Informed Organization Trainer of Trainers	June 2019
Advancing School Mental Health Conference	October 2018
National Association of School Psychologists PREPaRE T.O.T.	February 2018
Salem Keizer Threat Assessment Trainer of Trainers	July 2018
Signs of Suicide Trainer of Trainers	May 2017
Evolution of Psychotherapy Conference	December 2017
Project AWARE National Conference	July 2017
Project AWARE Technical Assistance/Youth Development	June 2016
Project Success/Washington State Prevention and Intervention Services	November 2015
National Prevention Network Conference	November 2015
Participation in WSU Food \$ense Conference	September 2012
Fit4Mom National Fitness & Business Conference	October 2010
Approved Marriage and Family Therapist Supervisor Training	August 2008
American Association of Children's Residential Centers Conference	October 2008
Evolution of Psychotherapy Conference	November 2005

Continuing Education/Trainings

Workshops/Trainings in Trauma Informed Practices, ARC and ACES, Youth Substance Disorder Prevention and Intervention, Ongoing Diversity, Equity and Inclusion learning and training in Education and Behavioral Health settings, Educator and Staff Wellness and Self Care, Multi-

NWESD Resume | Natalie Gustafson

Tiered Systems of Support, Interconnected Systems Framework, Cognitive Behavioral Intervention for Trauma in Schools (CBITS), Signs of Suicide, Lifelines and Networks for Life Suicide Prevention, Intervention and Postvention, Fetal Alcohol Spectrum Disorders, Co-Occurring Disorders in Adults/Adolescents, Grief and Loss Counseling, ADHD, Attachment Disorders, Dialectical Behavioral Therapy, Motivational Interviewing, Treatment of Children/Adolescents with Sexual Behavior Problems, Law/Ethics in Marriage and Family Therapy, Trauma Focused Cognitive Behavioral Therapy, Washington CANS 5-20 Certification, Cultural Competency, Crisis Intervention, Violence Prevention/Safety in Schools, and Introduction to DSM V.

Internship Experience

Evergreen Hospital, Kirkland WA – Family Grief Support Group Therapist, MFT Internship 2002

Compass Health, Edmonds WA – Caseworker/Therapist, MFT Internship 2001-2002

Planned Parenthood of Western Washington, Everett WA – Human Development Practicum 1996

Interests

Human Development, Suicide Prevention, School Based Mental Health and Youth Substance Prevention, Health, Fitness, Nutrition and Wellness, Traveling, Parenting, Reading and Writing

Eleven Vexler

Experienced Mental Health Therapist

Masters of Social Work

"Her clinical skills never ceased to amaze me..." **Stacey Devenney, Behavioral Health Administrator at Harborview Hospital**

- 25 years providing mental health therapy
 - 15 years delivering after hours crisis response, including hospitalizations
 - 8 years providing supervision to mental/behavioral health clinicians and students in the field
 - Experience and knowledge with gay, lesbian, bisexual and transgender issues
 - Trained in drug and alcohol assessment and treatment for youth
 - Extensive experience with depression and self-harm
 - Extensive experience with anxiety
 - Skilled at leading groups of various sizes and topics
 - Experience with training and teaching both within the classroom and at a professional level
-

PROFESSIONAL EXPERIENCE

Northwest Educational Service District #189

- Project SHARE Program Manager (August 2021 to Present): Assist in the development and implementation of MTSS within 14 different schools in two local school districts.

Mental Health Therapist with the Skagit County Department of Health

- Child and Family Mental Health Therapist (October 2015 to August 2021): Provide individual, family and group therapy to students in the public schools, during the school day, within Skagit County.

Northwest Educational Service District #189 (Anacortes, WA)

- Child Mental Health Clinician October 2014 – August 2015: Within the school setting, provided case management, individual and family therapy to children ranging from 5 to 18 years of age.

Compass Health (Arlington, WA)

- Clinician II (March - October 2014): Offered individual and group mental health services to pregnant and parenting teens in a group home setting. Assisted with the milieu of the home. Coordinated with other team members in the facility.

Private Practice (Silverdale, WA)

- Individual and Family Therapist (February 2004 - November 2013): Worked in an office with several other clinicians providing individual and family therapy two or three days a week. Clients' ages ranged from 13 to 63 and mainly received Cognitive-Behavioral Therapy. Issues addressed included depression, anxiety, adjustment

360-620-7420 ♦ 11vexler@gmail.com

P.084

Eleven Vexler**PAGE TWO**

disorder, work conflicts, family conflicts and drug and alcohol issues. Worked with people who were straight, gay, transgender and questioning.

Olympic Educational Service District #114 (Bremerton, WA)

- Student Assistance Professional (November 2004 - November 2013): Alternative junior high ages ranged from 13 to 17. Provided both group and individual services to all students, including teaching health class; assistance and referral to students and families who are at risk or impacted by alcohol, tobacco and drugs; and implementing prevention programs.
- Chemical Dependency Counselor (October 2006 - July 2007): Administered outpatient treatment to adolescents in the North Kitsap catchment area. Duties included screenings, assessments, intakes, group and individual services, and case management. Majority of clients also participated in drug court.

Valley Cities Counseling and Consultation (Federal Way, WA)

- Clinical Manager (1999 – March 2004): Duties included providing weekly supervision to approximately 15 therapists and interns; auditing charts; providing back-up crisis services to clients; monitoring and maintaining program budgets; developing and overseeing contracts with school districts; and ensuring public relations are positive.
- Child and Adolescent School Based Therapist (April 1997 - April 2002): Provided day treatment services to youth ages 12 to 17, labeled as severely behaviorally disturbed, within the classroom setting. Services included individual, group and family therapy, case management and teaching social skills. Provided consultation to teachers and monitored the milieu of the classroom.

Community Youth Services (Olympia, WA)

- Interim Program Manager for Crisis Residential Center (June 1996 - April 1997): Supervised 20 full time and part time residential counselors for a residential group home that housed up to 12 youth.
- Employment Counselor (Summer 1995): Provided employment training to youth.
- Senior Staff for Crisis Residential Center (1991 - 1994): Provided structured, therapeutic environment for youth ages 12 to 17. Served as a rotating, on-call staff to assist with crisis situations.

EDUCATION & CERTIFICATIONS**Masters of Social Work**

Adelphi University, 1996

BA in Liberal Arts

The Evergreen State College, 1992

Certifications

Child Mental Health Specialist

Licensed Independent Clinical Social Worker

Certified to provide Social Work in the Schools

Chemical Dependency Professional in Training

October 21, 2022

Amy Banks, Program Lead
U.S. Department of Education
Office of Safe and Supportive Schools
400 Maryland Avenue, SW, Room 3E257
Washington, DC 20202-6450

Letter of Support | Northwest (Washington) Educational Service District 189 to increase the number of credentialed mental health services providers supporting children and youth in schools

Ms. Banks:

Northwest Educational Service District 189 (NWESD) is equipped to lead an ambitious effort to increase the number of credentialed school-based mental health providers serving children and youth in our schools.

As a regional educational service district (LEA) and a licensed Behavioral Health Agency, NWESD works to help support the emotional, psychological, and social well-being of students in 35 school districts. Unfortunately, **there is a lack of credentialed mental health professionals, especially those who have the requisite education and training to address the most complex mental health concerns too many of our students are experiencing.**

In Washington state, suicide is the second leading cause of death for teens 15-19 years old. In our region, 13,359 students in grade 10 and 12 completed the 2021 Healthy Youth Survey, of which:

- 21% report that they considered attempting suicide;
- 39% report feeling sad or hopeless; and
- 71%-74% report feeling nervous and anxious.

We need mental health professionals in our schools that can provide on-site mental health assessments, diagnose and treat behavioral health conditions, provide safety planning, support students in crisis, increase mental health literacy, and decrease mental health stigma for staff, families, and students.

NWESD's proposal leverages strong partnerships with school districts, higher education, managed care organizations, and community-based organizations to:

- Recruit credentialed mental health providers to serve children and youth in schools across the region;
- Retain credentialed mental health providers, ensuring licensed supervision and support, competitive salary and benefits, and continuing education incentives;
- Sustain services through a variety of funding mechanisms, which includes exploring Medicaid billing options; and
- Encourage professional pathways for persons who are members of groups that have traditionally been underrepresented based on race, color, national origin, gender, age, or disability, to become credentialed school-based mental health professionals.

We urge you to partner with us to ensure the mental and behavioral health needs of children and youth in northwest Washington are met.

Sincerely,

School Districts	Student Enrollment 164,000	Superintendent Signature or Designee
Anacortes	2,500	DocuSigned by: Justin Irish 3E5A0C8EBCA4D0...
Arlington	5,539	DocuSigned by: Dr. Cheryl Sweeting 51C348D0F84D460...
Bellingham	11,497	DocuSigned by: Greg Baker 34A4E1F8D023148C...
Blaine	2,176	DocuSigned by: Christopher Granger E4127816C8B744B...
Burlington-Edison	3,335	DocuSigned by: Laurel Browning 8F8B6D4C64074A1...
Concrete	505	DocuSigned by: Wayne Barrett 2938D1A8BC104E9...
Conway	478	DocuSigned by: H/C C918478C3C3E48E...
Coupeville	962	DocuSigned by: Steve King 2A0723AF8A42482...
Darrington	430	DocuSigned by: Tracy Franke 4482726A2B1745B...
Edmonds	20,444	DocuSigned by: Rebecca Miner 427B837D7F21411...
Everett	20,327	DocuSigned by: Ian Saltzman 08E8B81A206048F...
Ferndale	4,447	DocuSigned by: Dr. Kristi Dominguez E3C4C4E4C8124C1...
Granite Falls	2,209	DocuSigned by: Josh Middleton 5A822D8B923948B...
Index	24	
La Conner	581	DocuSigned by: Will Nelson C8456B18CFD0439...
Lake Stevens	9,620	DocuSigned by: Ken Collins B8595360766400...
Lakewood	2,666	DocuSigned by: Scott Peacock 3C09EC037A443...
Lopez	251	DocuSigned by: Ed Murray 54D3F3A56C664F7...
Lummi Nation School	408	
Lynden	3,445	DocuSigned by: David VanderLaak 8498D800AC0849A...
Marysville	10,233	DocuSigned by: Zachary Robbins CD7CD0EBB3814EC...
Meridian	1,782	DocuSigned by: Dr. James Everett 08FBC8DBA21544D...
Monroe	6,083	DocuSigned by: Marc Larsen BBBA593E0854DC...
Mount Baker	1,694	DocuSigned by: Mary Scurright 08B84CFE2B324D2...
Mount Vernon	6,708	DocuSigned by: Dr. Ismael Vianco 47339D0C0BF0496...
Mukilteo	15,060	DocuSigned by: Allison Bjornelson 8E9EFEE3C5C2A41...
Nooksack	1,880	DocuSigned by: Matt Galley FAC55767D0D1446...
Oak Harbor	5,873	DocuSigned by: Michelle Kuss-Cyphra 8F8E3A406C77498...
Orcas Island	768	DocuSigned by: Eric Webb B0856F77A24471...

San Juan Island	790
Sedro-Woolley	4,479
Shaw Island	10
Snohomish	9,469
South Whidbey	1,224
Stanwood-Camano	4,653
Sultan	1,956

DocuSigned by:	<i>Fred Woods</i>
BE8B2CF8A2B41F...	
DocuSigned by:	<i>Miriam Mickelson</i>
23C3DADE1F443425...	
DocuSigned by:	<i>Kari McVigle</i>
29A6373C9AD3433...	
DocuSigned by:	<i>Dr. Kent Kullgren</i>
0734FAD48A8E400...	
DocuSigned by:	<i>[Signature]</i>
CC024222767489...	
DocuSigned by:	<i>[Signature]</i>
54F459736207480...	
DocuSigned by:	<i>Dan Chaplik</i>
E97785306AF47A...	



Counseling Graduate Program

Academic Instruction Center, Department of Psychology
516 High Street, Bellingham, Washington 98225-9172

November 1, 2022

Amy Banks, Program Lead
U.S. Department of Education
Office of Safe and Supportive Schools
400 Maryland Avenue, SW, Room 3E257
Washington, DC 20202-6450

Letter of Support | Northwest (Washington) Educational Service District 189 to increase the number of credentialed mental health services providers supporting children and youth in schools

Dear Ms. Banks:

We support Northwest Educational Service District's (NWESD) proposal to increase the number of credentialed school-based mental health providers serving children and youth in our region.

Western Washington University's Clinical Mental Health and School Counseling Programs graduate 12 master's level professionals each year. In these small rigorous programs, students have substantive opportunities to acquire evidence-based knowledge and develop their professional and interpersonal skills under the supervision of faculty who are committed to training exceptional counselors.

NWESD is equipped to provide the level of clinical supervision required for early career professionals who want to work within a school setting to support child and adolescent mental health. We agree to work with the NWESD project team to connect them with students to share information about job opportunities, which may include paid work that is applicable to their practicum.

There is a huge demand to accelerate the number of mental health professionals in K-12 settings to provide a continuum of support – from promotion and prevention to intervention and treatment across grade levels. WWU has received numerous inquiries from mental health professionals already working in the community that want to become School-Based Mental Health (SBMH) professionals but are unable to move into this setting because they do not hold a school counseling certificate. Like NWESD, WWU is interested in creating better workforce

onramps for novice and practicing mental health providers to become school-based mental health providers.

We commit to participating with NWESD in regional and state-level conversations that lead to solutions like micro credentialing for practicing mental health providers, and recognition of these professionals as educational staff associates (ESAs) alongside school behavior analysts, school counselors, school nurses, school occupational therapists, school orientation and mobility specialists, school physical therapists, school psychologists, school social workers, and/or school speech language pathologists and audiologists.

We encourage you to support NWESD's proposal to increase students' access to mental and behavioral health services. We are eager to engage in a collaborative partnership to with NWESD and other agencies to meet the demand for mental health providers.

Sincerely,

Diana Gruman

Diana H. Gruman, Ph.D. NCC
Professor, Director of the School Counseling Program
(360) 650-2221; Cell (360) 393-7093
grumand@wwu.edu

Christina Byrne

Christina Byrne, Ph.D.
Professor, Director of the Clinical Mental Health Counseling Program
(360) 650-7945
cbyrne@wwu.edu

NOTE: The Counseling Programs at WWU are accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) and require a minimum of two years of full-time graduate study. The program includes over 1000 hours of supervised experiences in group and individual counseling and a full year of supervised experience in the schools.

Project Narrative File(s)

* **Mandatory Project Narrative File Filename:**

Add Mandatory Project Narrative File

Delete Mandatory Project Narrative File

View Mandatory Project Narrative File

To add more Project Narrative File attachments, please use the attachment buttons below.

Add Optional Project Narrative File

Delete Optional Project Narrative File

View Optional Project Narrative File

**NWESD School-Based Mental Health Services (SBMHP+): Responding to the Needs of Students
with the Most Complex Mental Health Concerns**

TABLE OF CONTENTS

Eligible Local Education Agency with Demonstrated Need.....2

Need for Project – The Importance and Magnitude of Youth Mental Health.....2

 Table 1. Number and ratio of providers in northwest Washington schools.....3

 Table 2. Students with multiple mental health symptoms.....6

 Table 3. Priority population in schools determined to have greatest need.....10

Quality of Project Design.....11

Absolute Priority 2.....12

Competitive Preference 2.....14

Plan for prompt delivery of services.....20

Quality of Project Personnel.....24

Management Plan and Adequacy of Resources.....27

Cross-System Collaboration and Coordination.....28

Project Budget.....30

Logic Model.....31

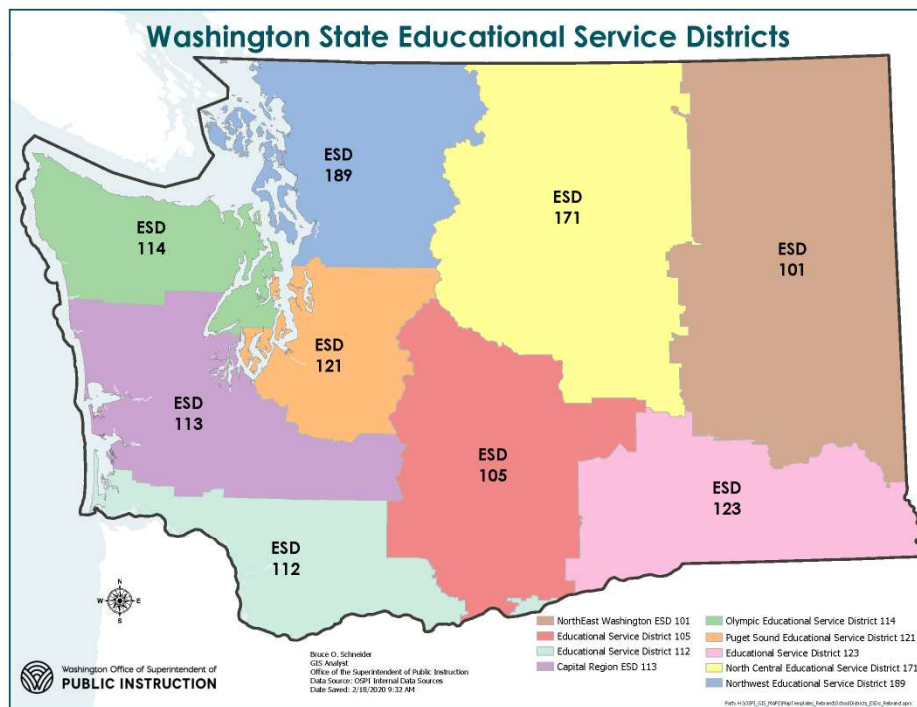
References.....43

Other Attachments

- Section C Budget Narrative
- Individual Resumes for Project Director and Key Personnel
- Copy of Indirect Cost Rate Agreement
- Letters of Support from school districts in northwestern Washington and Western Washington University

PROPOSAL NARRATIVE

Northwest Educational Service District 189 (NWESD) is an LEA as defined in 20 U.S.C. 7801(30) and a licensed Behavioral Health Agency. NWESD provides a continuum of school-based mental and behavioral health services across northwest Washington serving students in 35 school districts in Island, San Juan, Skagit, Snohomish, and Whatcom counties on land of Lummi, Nooksack, Samish, Swinomish, Stillaguamish, Sauk-Suiattle, Upper Skagit, and Tulalip Tribes.



Need for the Project

There is a critical need to increase the number of credentialed school-based mental health professionals (SBMHP+) with the requisite education, training, and supervision to address the needs of K-12 students with complex mental health issues at school. In the NWESD school service area, 40% of schools are unable to access critical mental health services for students (NWESD Scan, 2021). Some of the identified barriers include geographic isolation, high student to provider ratios, attrition, complexity and intensity of mental health challenges, cumbersome and unsuccessful navigation to community-based services, cultural and linguistic hurdles, and a healthcare system that is overwhelmed.

Geographic Isolation | Schools in two of the five counties are located on islands and the other three counties contain very rural schools that reach east into the foothills of the Cascade Mountain range and north to the Canadian border. There is one major interstate (I-5) through this region and most of the population and services are located nearby, leaving schools furthest from I-5 with very limited access to mental health and other supportive services. These schools are less likely to establish successful community-based mental health partnerships or have refined processes for referring students (NWESD Scan, 2021). When schools do manage to secure community-based services, they are extremely limited due to restrictions on funding and limited capacity. This puts already vulnerable students at great risk.

High SBMHP to Student Ratio | Children and youth are more likely to receive mental health services in schools than in any other setting, including doctors' offices or community-based mental health clinics (Duong, Bruns et al., 2020); yet the ratio of credentialed school-based mental health professionals to students is too high to obtain adequate access. In our region, the school counselor to student ratio is 1:640 (NWESD Scan, 2021) and the social worker to student ratio is 1:16,400 (OSPI, 2022). This far exceeds the 1:250 ratio recommended by the American School Counselor Association (ASCA, 2021) and is greater than the national average of 1:415 for school counselors and 1:2,106 for school social workers. The school psychologist to student ratio is 1:710 which is better than the state (1:973) or national (1:1162) average but still inadequate. In addition, school psychologists' scope of work is largely restricted to serving only students eligible for special education services. Students' access to a credentialed school-based mental health professional who can provide intensive Tier 3 services, those we are calling SBMHP+, is extremely rare. The SBMHP+ to student ratio is 1:16,400 (NWESD Scan, 2022).

Table 1. Number and ratio of school-based mental health professionals to students in NWESD schools

Professionals	LEA – NWESD region	WA State	National
School Social Workers	1:16,400 (OSPI Scan, 2022) 164,000 students	1:14,391 (UCLA, 2021) 1,087,354 students	1:2,106 (UCLA, 2021) 49,356,945 students

	<10 social workers	75 social workers	23,436 social workers
School Psychologists	1:709 (NWESD Scan, 2022) 164,000 students 231 school psychs	1:973 (NASP, 2021) 1,091,404 students 1,122 school psychs	1:1162 (NASP, 2021) 49,356,945 students 42,476 school psychs
School Counselors	1:640 (NWESD Scan, 2021) 164,000 students 256 school counselors	1:441 (ASCA, 2021) 1,087,354 students 2,465 school counselors	1:415 (ASCA, 2021) 49,356,945 students 118,902 school counselors
SBMHP+	1:16,400 (NWESD Scan, 2022) 10% of 16,400 students 10 SBMHP+	No data available	No data available

Workforce Instability | Washington state is experiencing high turnover and shortages of behavioral health care professionals. The annual turnover rate for clinicians with a master's degree is 28%; the annual turnover rate for all behavioral healthcare staff is 32%; and the average time to fill critical staff positions is five months (Whatcom, 2021). Behavioral health workforce issues are influenced by low wages (\$25 per hour for master's level professional) that fail to attract or retain credentialed mental-behavioral health professionals, a lack of multilingual mental health professionals to meet the community's needs, and a lack of incentive to serve in school-based settings, many opting for private practice where earnings are greater, and caseloads are more controlled (Whatcom, 2021). These factors increase stress and burnout of existing school-based mental health professionals who feel overwhelmed by the number of students in need, the complexity of mental health concerns students experience and the inability to meet those needs.

Severity and Urgency of Student Mental Health Concerns | The frequency and severity of behavioral health concerns in the region is alarming. In the spring of 2022, NWESD partnered with Mount Vernon School District to administer the Student Risk Screening Scale for Internalizing and Externalizing behaviors (SRSS-IE) to 2,453 elementary students and 1,257 middle school students. The SRSS-IE helps identify students at risk for challenging and anti-social behavior. The SRSS-IE results for elementary students revealed that 44% were at moderate to high risk for internalizing behaviors, and 32% were at moderate to high risk for externalizing behaviors. At the middle school level, 23% of students were at moderate to high risk for internalizing behaviors, and 23% were at moderate to high for externalizing behaviors. In addition, NWESD administered the Global Appraisal of Individual Needs Short Screener (GAIN SS) to students (aged 11 and up) in our region who were referred for intervention services. The GAIN SS identifies students having one or more behavioral health disorders (e.g., internalizing or externalizing psychiatric disorders, substance use disorders, or crime or violence problems) which suggests the need for referral to some part of the behavioral health treatment system. Internalizing behaviors are primarily focused on the presence of symptoms of anxiety, depression, psychosis and suicidal thoughts. Externalizing behaviors are focused on behavioral symptoms such as ADHD and conduct disorder. Substance use questions assess the significance of substance dependent behaviors, and crime/violence focuses on aggressive, oppositional or criminal behaviors. From these questions the screener derives a combined Mental Health score. Students who score in the %w/3+ category are determined to need a referral to mental health assessment and treatment services. There is marked increase in the number of students scoring in the 3+ symptomology; total GAIN symptoms have increased from 47.6% (2018-2019) to 56.9% (2021-22) in just three years. Students' symptoms at the time of this screening exceed the scope and practice of traditional school-based mental health professionals such as school counselors. The seriousness of these students' concerns indicates a need for more clinical interventions and support at school.

Table 2. Nearly 57% of students assessed by GAIN-SS have multiple mental health symptoms (%w/3+)

2018-2019	GAIN-SS - Number of Students with Number of Symptoms								
School Year –		Total	0	1	2	3+	%w/1+	%w/2+	%w/3+
Pre Covid	Internal	1,012	538	57	64	309	42.5 %	36.9 %	30.5 %
	External	1,012	526	60	96	296	44.7 %	38.7 %	29.2 %
	Substance Use	1,012	762	69	48	131	24.5 %	17.7 %	12.9 %
Baseline	Crime/Violence	1,012	743	156	61	51	26.5 %	11.1 %	5.0 %
	Mental Health	1,012	508	30	55	356	43.6 %	40.6 %	35.2 %
	Dual Diagnosis	1,012	764	70	52	124	24.3 %	17.4 %	12.3 %
	Total GAIN Symptoms	1,012	504	13	13	482	50.2 %	48.9 %	47.6 %
2019-20 School	GAIN-SS - Number of Students with Number of Symptoms								
Year – Lower		Total	0	1	2	3+	%w/1+	%w/2+	%w/3+
student numbers	Internal	778	387	28	65	272	46.9 %	43.3 %	35.0 %
	External	778	381	31	81	255	47.2 %	43.2 %	32.8 %
	Substance Use	778	580	42	48	107	25.3 %	19.9 %	13.8 %
due to Covid	Crime/Violence	778	570	108	62	38	26.7 %	12.9 %	4.9 %
	Mental Health	778	373	9	39	308	45.8 %	44.6 %	39.6 %
closures in	Dual Diagnosis	778	580	44	54	99	25.3 %	19.7 %	12.7 %
March 2020	Total GAIN Symptoms	778	373	3	9	393	52.1 %	51.7 %	50.5 %
2021-22 School	GAIN-SS - Number of Students with Number of Symptoms								
Year – Post		Total	0	1	2	3+	%w/1+	%w/2+	%w/3+
	Internal	885	380	40	55	354	50.7 %	46.2 %	40.0 %
Covid Re-	External	885	378	48	93	321	52.2 %	46.8 %	36.3 %
	Substance Use	885	613	69	64	137	30.5 %	22.7 %	15.5 %
engagement	Crime/Violence	885	609	155	61	57	30.8 %	13.3 %	6.4 %
	Mental Health	885	367	18	41	372	48.7 %	46.7 %	42.0 %
	Dual Diagnosis	885	613	71	66	134	30.6 %	22.6 %	15.1 %
	Total GAIN Symptoms	885	366	5	10	504	58.6 %	58.1 %	56.9 %

Navigating Access | Increasing school-based services positively affects students with mental health needs (Sanchez et al., 2017). School counselors offer mental health promotion, awareness, education, support (prevention) and intervention. They do not, and in many cases are prohibited from, providing mental health evaluation and treatment at school. To access these services, schools must navigate the complex web of community-based mental health, health care, and insurance systems only to face persistent barriers

to access. Families are also more reluctant to engage in services they are unfamiliar with and that present additional physical, logistical and financial challenges. Some students and families are hesitant due to culture, stigma, and a lack of knowledge and understanding about mental health services. Without family cooperation, our students have little to no access to care. As a result, student mental health problems often escalate, and schools are faced with more students needing higher levels of support. There are simply not enough school counselors, social workers, psychologists, or “other credentialed” school-based mental health providers (SBMHP+) to intervene early enough to prevent conditions from becoming worse.

Hospitals and Clinics Overwhelmed | Child-serving community-based mental health agencies are overwhelmed and understaffed. As recently as this week (Oct 31) agencies in northwest Washington reported that they are not accepting new clients and are limiting services for existing clients. Hospital emergency departments feel the impact. Mental health-related visits to emergency departments for children ages 5-17 between April and October of 2020 increased by 24-31%, compared with the same time period in 2019 (Leeb et al., 2020).

Students in Crisis | There is an alarming increase in the prevalence of students experiencing mental health challenges. Nationally, one in three high school students and half of female students reported persistent feelings of sadness or hopelessness, an overall increase of 40% from 2009 (US Surgeon General, 2021). In Washington state, suicide is the second leading cause of death for teens 15-19 years old. In NWESD schools (Healthy Youth Survey (HYS), 2021):

- 18% of youth in grade eight and 21% of youth in grades 10 and 12 considered attempting suicide; 18.8% of high school students in the nation considered attempting suicide (YRBSS, 2019).
- 15% of youth in grade eight, 17% of youth in grade 10, and 14% of youth in grade 12 made a suicide plan; 15.7% of high school students in the nation made a suicide plan (YRBSS, 2019).
- 8% of youth in grade eight and 10, and 7% of youth in grade 12 attempted suicide; 8.9% of high school students in the nation attempted suicide (YRBSS, 2019).

- 50% of youth in grade eight, 57% of youth in grade 10, and 63% of youth in grade 12 reported that they were unable to stop or control worrying.
- 62% of youth in grade eight, 70% of youth in grade 10 and 74% of youth in grade 12 reported feeling nervous or anxious.

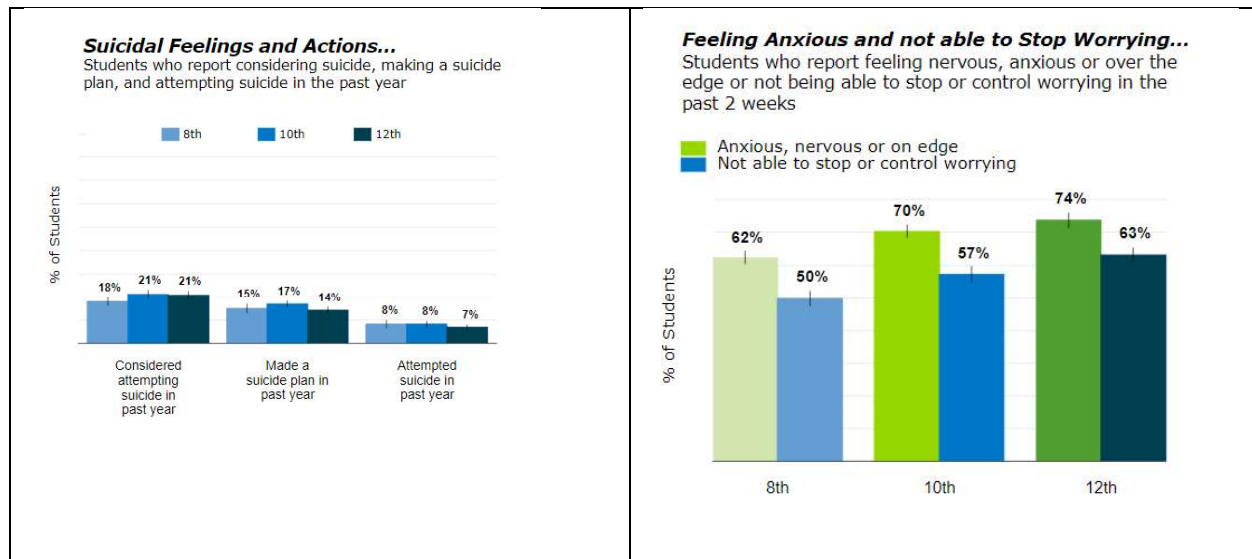


Figure 1. NWESD 2021 Healthy Youth Survey of students' suicidal feelings and actions, students who feel nervous and anxious

More students in our region (14%) have experienced four or more Adverse Childhood Experiences which is greater than Washington state youth overall (11%) (HYS, 2021). Equally concerning is that fewer youth report having no ACEs (39%) as compared to the youth statewide (43%) (HYS, 2021).

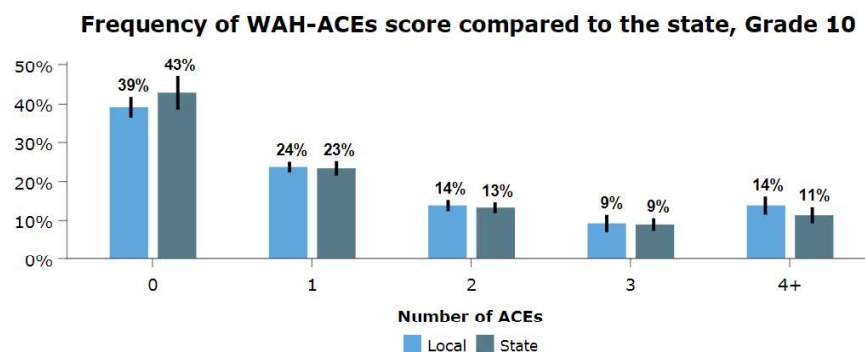


Figure 2. NWESD 2021 Healthy Youth Survey of students in grade 10 that report Adverse Childhood Experiences

Students are shouldering feelings of sadness and hopelessness; 35% of youth in grade eight, 39% of youth in grade 10 and 45% of youth in grade 12 report feeling sad and hopeless (HYS, 2021). National statistics show that 36.7% of high school students experience persistent feelings of sadness and hopelessness (YRBSS, 2019). At the same time, just under half of youth in grades 8, 10, and 12 report that they have an adult to turn to when they feel sad or hopeless (HYS, 2021).

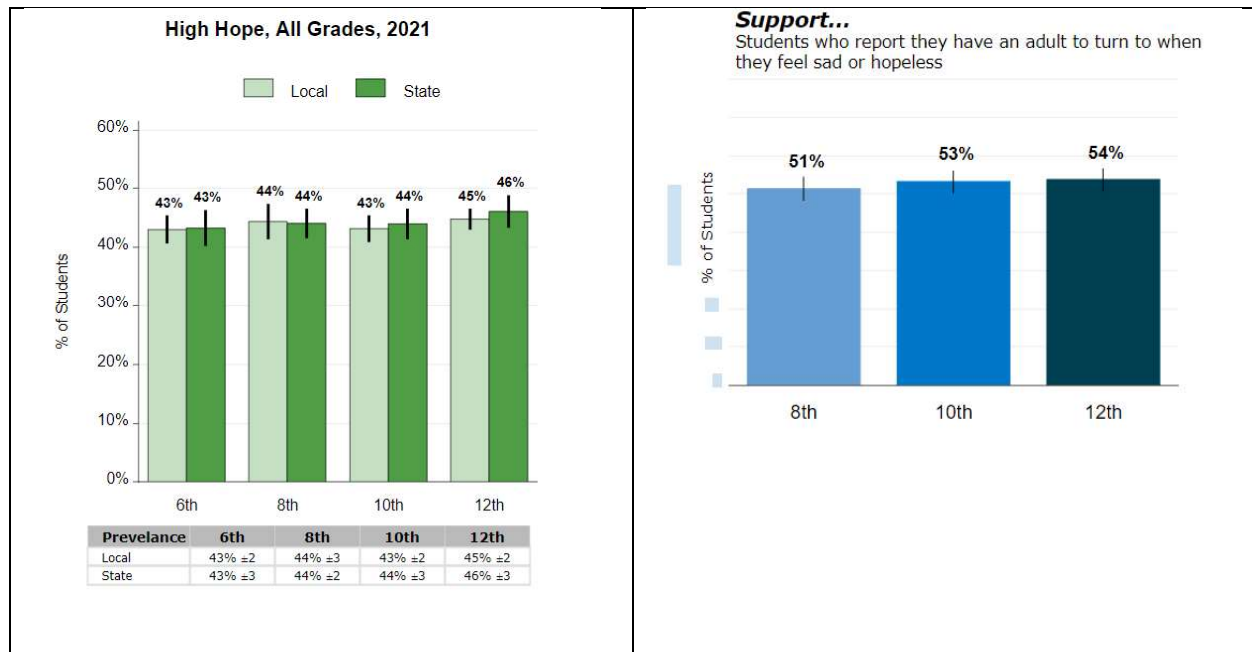


Figure 3. NWESD 2021 Healthy Youth Survey students' feelings of sadness, hopelessness, and without a caring adult to turn to

Students at Greatest Risk | School-based mental health services can close gaps in access for historically underserved populations (Lyon et al., 2013). Underserved groups at higher risk of mental health challenges include racial and ethnic minority youth, LGBTQ+ youth, low-income youth, youth in rural areas, youth in immigrant households, and homeless youth (U.S. Surgeon General, 2021). NWESD's priority population includes 19,680 (12%) English language learners, 37,556 (22.9%) Hispanic/Latino students, 70,028 (42.7%) students experiencing the conditions and consequences of poverty, 4,264 (2.6%) mobile students which include children with a parent in the military, 2,460 (1.5%) migrant students whose families work in agriculture and fisheries, and 5,084 (3.1%) of students experiencing homelessness. National data from the 2019 YRBSS states that students that identify as LGBTQ+ are two times more at risk for feeling persistently sad and hopeless during the past year, to have missed school

due to safety concerns, and to have used illicit drugs other than alcohol or cannabis. They are three and a half times as likely to have made a suicide plan and four times as likely to have attempted suicide one or more times in the past 12 months. Mental health supports for this population of students can be lifesaving as their risk factors are magnified when compared to the overall student population. Table 3 provides examples of priority populations in NWESD's 35 rural, isolated, and underserved school districts.

Table 3 | Students at greatest risk for mental health challenges in example schools with greatest demonstrated need (OSPI, 2021).

District County Enrollment	English language learners	Hispanic/Latino Students	Low- income	Mobile	Migrant	Homeless
WA State 1,091,404	12.5%	25.2%	47.6%	2.0%	2.0%	2.7%
NWESD 164,000	12% 19,680	22.9% 37,556	42.7% 70,028	2.6% 4,264	1.5% 2,460	3.1% 5,084
Sedro Woolley Skagit 4,479	8.2% 367	23.3% 1,044	55.5% 2,486	4.1% 184	2.5% 112	5.9% 264
Mount Vernon Skagit 6,708	24.6% 1,650	56.3% 3,777	66.5% 4,460	2.8% 188	16.1% 1,080	2.3% 155
Marysville Snohomish 10,233	12.3% 1,259	26.8% 2,742	54.8% 5,608	4.5% 460	2.3% 235	4.5% 460
Monroe Snohomish	11.3% 687	25.7% 1,563	35.2% 2,141	4.4% 267	0.2% 12	3.4% 207

6,083						
Ferndale	8.4%	23.3%	52.9%	3.6%	0.9%	2.2%
Whatcom	374	1,036	2,352	160	40	98
4,447						
Blaine	4.6%	16%	48.8%	3.8%	0.2%	1.6%
Whatcom	100	348	1,062	10	4	35
2,176						
Oak Harbor	4.1%	20.1%	41.5%	4.9%	0.3%	3.5%
Island	241	1,180	2,437	288	18	206
5,873						
San Juan Is.	5.9%	20.7%	42.2%	3.8%	1.4%	Data
San Juan	47	164	333	30	11	Suppressed
790						

Quality of Project Design

NWESD will increase (Absolute Priority 2) and diversify (Competitive Preference 2) the number of credentialed school-based mental health professionals serving students at school. Specifically, NWESD will recruit, place, support, and retain 20 credentialed school-based mental health professionals (SBMHP+) with the requisite training and clinical supervision necessary to provide Tier 3 behavioral health supports at school – mental health assessment, individual service planning, specific therapy modalities, case management, and transition planning. The SBMHP+ will also participate in Multi-Tiered System of Supports teams and contribute to promotion and prevention of youth mental health which includes outreach to families. Twenty SBMHP+ will increase access for up to 5,000 students (1:250 ratio), including up to 800 students annually who exhibit complex behavioral health concerns.

NWESD will utilize its existing K-12 school-based mental health staffing model to rapidly recruit, hire, place, and support and retain SBMHP+. NWESD's Behavioral Health and Prevention

Department currently provides regional behavioral health navigation support, technical assistance, and direct student assistance and mental health services to students. NWESD employs 10 credentialed, Masters level SBMHP+ who are serving K-12 students in schools with the greatest demonstration of need. SBMHP+ will dedicate 80% of their time to support students who need intensive Tier 3 intervention and treatment and 20% of their time supporting Universal Tier 1 and Selective Tiers 2 strategies (Figure 4). Tier 1 and 2 activities may relate to mental health awareness and promotion activities such as wellness and suicide prevention. Additionally, we staff 18 bachelors level student assistance professionals who provide Tier 2 support in communities with identified risk factors for student success.

A 2018 report exploring the landscape of mental health and wellness in Washington's K-12 education system affirms that an "effective multi-tiered system results in seamless service delivery at increasingly intensive level of support and allows for efficient identification, assessing, monitoring and improvement of mental health outcomes" (Kaiser Permanente, 2018). Because NWESD is also a licensed behavioral health agency (BHA), its SBMHP+ can provide a continuum of behavioral health services. School districts and most credentialed school-based mental health professionals are prohibited from providing this level of behavioral support in Washington state because most schools are not a state-licensed BHA. The following project goals outline how NWESD will recruit and retain SBMHP+ to support an effective and seamless MTSS for students.

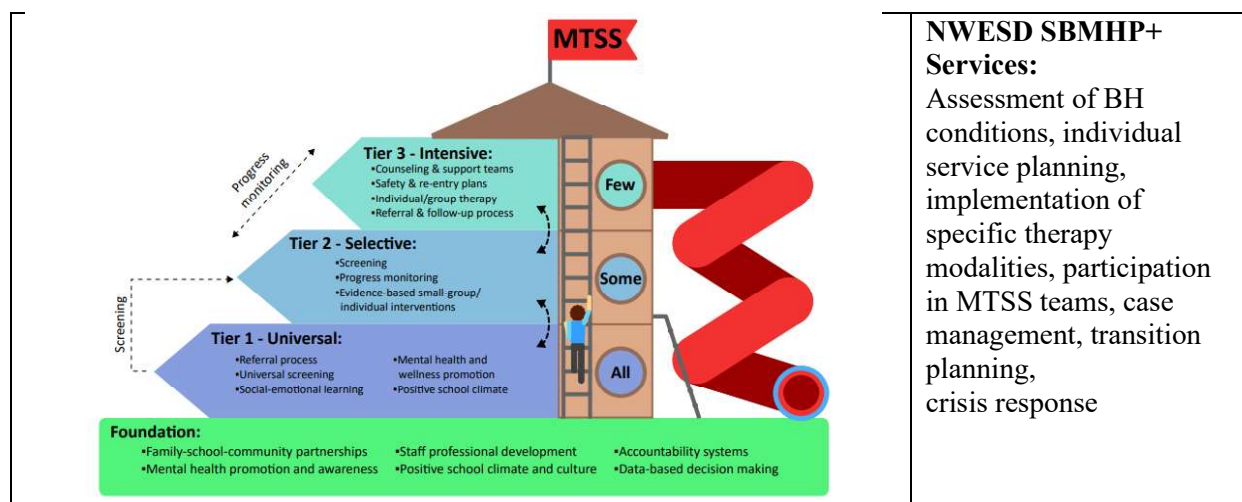


Figure 4. SBMHP+ to add critical capacity to Multi-Tiered System of Supports in schools (Kaiser, 2018)

Goal 1: Increase the number of credentialed school-based mental health professionals in northwest Washington schools from 10 to 30 SBMHP+ by December 2027 (Absolute Priority 2).

Recruit | NWESD partners with Western Washington University to accelerate workforce onramps for graduate students in school counseling and clinical mental health programs. Western Washington University, located in our NWESD region, graduates 12 students each year who have the requisite knowledge and skills to become collaborative and ethical counselors and therapists who value diversity, equity and social justice. Students graduate meeting the relevant pre-licensure requirements to practice under approved supervision in mental health and educational settings. NWESD offers graduates the clinical supervision necessary to work towards state licensure which will prepare them to be SBMHP+ and can employ interns from this program.

NWESD works with colleges and universities across Washington and beyond to recruit a robust workforce of highly qualified SBMHP+. Currently, NWESD has successfully recruited six Student Assistance Professionals (SAP) who are pursuing a mental health related master's degrees at Boston College of Social Work, Walden University, or California Southern University. These students are utilizing their paid position as a NWESD SAP to gain experience and access clinical supervision, and they have expressed intent to continue employment as a SBMHP+.

NWESD will conduct targeted in-person and virtual outreach to directly recruit SBMHP+. This will include outreach at hiring fairs, networking at regional trainings, making presentations on college campuses, and relevant meetings in schools and communities. NWESD collaborates with a network of community-based behavioral health providers – Compass Health, Sea Mar, Catholic Community Services and private practice clinics - to share job opportunities and strategize and inform recruitment efforts. NWESD will also tap into University of Washington School Mental Health Assessment, Research, and Training (SMART) Center for technical assistance focused on building the mental health workforce in Washington state and delivering research-based strategies, policies, and practices relevant to the education context.

NWESD uses a variety of well-established recruitment tools to advertise SBMHP+ positions: NWESD jobs webpage, Indeed, Facebook, WorkSource, Washington Association of School Counselors, American Mental Health Counselors Association, and National Association of Social Workers. This project will enable NWESD to boost job postings to a broader audience within and beyond the region. NWESD will clearly articulate the compensation, benefits, training and professional development offered, and the offer of a \$1,200 annual signing/retention bonus on all job postings.

Goal 1 project activities will yield 20 credentialed school-based mental health professionals with 10 being hired in Year 1, plus four hired in Year 2, plus three hired in Year 3, plus three hired in Year 4. We will monitor the following progress indicators and outcome measures:

Goal 1: Increase the number of credentialed school-based mental health professionals in northwest Washington schools from 10 to 30 SBMHP+ (Absolute Priority 2).	
Progress Indicators	Outcome Measures
Number of recruitment contacts Number of qualified applicants Recruit, hire, and place at least 5 SBMHP+ within the first 180 days of Year 1 Total number of SBMHP+ filled (10 in Year 1, 14 in Year 2, 17 in Year 3, and 20 in Years 4 and 5)	Number of unduplicated, cumulative new school-based mental health services providers hired (GPRA 1)

Goal 2: Expand the diversity of credentialed school-based mental health professionals serving K-12 students by at least 25% (Competitive Priority 2).

Diversify | NWESD will seek and encourage persons who are members of groups that have traditionally been underrepresented based on race, color, national origin, gender, sexual orientation, age, or disability, to become credentialed school-based mental health professionals (Competitive Preference Priority 2). NWESD's 2023 administrative work plan aims to increase the number of qualified applicants from typically underserved groups by at least 25%. This directly supports the project goal to expand the

diversity of SBMHP+. The project leadership team will work with the Human Resource, Communications, Migrant Education, and a cross-disciplinary Equity Committee to inform and curate digital and print content and images to be used for recruitment. By diversifying the workforce of SBMHP+, NWESD will increase access to care for prevention, intervention, and treatment services for populations that have experienced inequities and other disparities in being served by the health care systems. Strategies to accomplish this goal include:

- Project team members responsible for hiring and supervising will complete annual training in equitable hiring practices including recruitment, screening, interviewing, onboarding, supervision, and performance evaluation.
- Job descriptions and interview questions will be reviewed annually through an established equity lens to ensure a more inclusive and accessible job promotion and interview process that removes/reduces any perceived and/or institutional biases.
- Staff encouraged to pursue equity-related training and all professional development offerings include tenants of equity, diversity, and inclusion (EDI).

These practices have been developed and applied over the last 24 months, leading to successful recruitment and placement of 10 SBMHP+ of which three identify as representatives of underserved groups.

Goal 2 project activities will result in a SBMHP+ workforce that more closely represents the students we serve. We will monitor the following progress indicators and outcome measures:

Goal 2: Expand the diversity of credentialed school-based mental health professionals serving K-12 students by at least 25% (Competitive Priority 2).	
Progress Indicators	Outcome Measures
100% of project leadership team complete equitable hiring practices training annually Job descriptions reviewed annually	Increase the percentage of qualified applicants who are members of groups that have traditionally been underrepresented based on race, color,

Number of equity-related staff training 100% of professional development offerings include tenants of EDI Established relationships with cultural groups to inform and develop workforce pathways (e.g., PFLAG, Community Action Latinx Advisory)	national origin, gender, sexual orientation, age, or disability by 25% (GPRA 6)
--	--

Goal 3: Increase retention of credentialed SBMHP+ serving K-12 students

Retain | NWESD will employ a variety of strategies that lead to higher retention of SBMHP+. These include: (A) equitable compensation and benefits, (B) clinical supervision and support, (C) professional development, and (D) staff wellness.

- A. Equitable compensation and benefits: NWESD established a salary schedule for SBMHP+ that is aligned with that of education staff associates (ESAs), such as school behavior analysts, school counselors, school nurses, school occupational therapists, school physical therapist, school psychologists, school social workers, and school speech language pathologists. The salary schedule articulates an appropriate salary placement based on the position requirement of a mental health master's degree which is comparable to other school-based master's level professionals. This includes a starting salary for credentialed SBMHP+ at \$72,192 (\$47.49 per hour compared to \$25 per hour for most master's level positions available in the region) plus a 3.5% cost of living adjustment and 4.5% step increase annually. These positions are on a 190-day contract versus a 260-day contract, which provides greater work-life balance while still ensuring service availability year-round for students. As NWESD staff, SBMHP+ are offered health and long-term disability benefits and retirement through the School Employees Retirement System. As an added incentive, NWESD will offer a \$1,200 retention bonus paid at the time of annual contract renewal. This is a more desirable benefit package than other mental health employers can offer and significantly enhances our ability to attract and retain staff.

The director (5%) and assistant director (25%) of NWESD's Department of Behavioral Health and Prevention are among others engaged in state-level conversations with the Washington State Office of Superintendent of Public Instruction (OSPI), the Professional Educator Standards Board (PESB), and state policymakers to address system-level workforce barriers which include recognition of SBMHP+ on the ESA salary schedule. This could allow schools to utilize basic education allocations to retain SBMHP+.

- B. Clinical supervision: NWESD's Behavioral Health and Prevention team includes Licensed Independent Clinical Social Workers, Licensed Mental Health Counselors, and Licensed Marriage and Family Therapists who are state approved supervisors and Child Mental Health Specialists. Maintaining a clinical supervisor to SBMHP+ ratio of no more than 1:7, NWESD offers timely and relevant consultation and support. They provide the clinical supervision required for licensure candidates who are completing the necessary post-master's client hours and those in preparation for specific national exams. Pre-licensure Associates can practice under the supervision of approved clinical supervisors.
- C. Professional development and training: SBMHP+ will receive 40 hours of paid time annually for training and professional development. Within the mental health field, having the necessary and appropriate training to meet the behavioral health needs of students is essential. Key personnel leading this project have extensive professional and educational training in clinical and school-based mental health. NWESD Behavioral Health and Prevention Services department is a regional hub for behavioral health technical assistance for school districts. Training and technical assistance includes: culturally inclusive mental and behavioral health supports, MTSS, Interconnected Systems Framework, referral processes and teaming, trauma informed and restorative school practices, universal and targeted screening, suicide prevention, intervention and postvention. To support SBMHP+ who have a continuum of experience - from interns to more seasoned professionals, individual training and learning plans will be developed to build on existing knowledge, support for grade levels and specific groups of students they serve and prioritize evidence-based modalities. All

staff will be trained or will have been trained in Trauma Focused Cognitive Behavioral Therapy, Motivational Interviewing, Dialectical Behavioral Therapy, Play Therapy, Family Systems, and Solution Focused Brief Therapy approaches. Other training may include various therapeutic group curriculums and techniques. Professional development sessions will be conducted as part of quarterly SBMHP+ Professional Learning Communities (PLCs) and made available either in-person or virtually. Staff will work with their supervisors to identify key training as needed and to ensure they meet continued education requirements that are specific to their state licensure. Staff are also often included in training opportunities and experiences offered by the school districts in which they are placed. In addition to project directed professional development and training, each SBMHP+ will be reimbursed up to \$500 annually for continuing education required for obtaining and/or maintaining professional licensure.

Building and sustaining a cadre of SBMHP+ is complex work. The project leadership team - project director, behavioral health administrator, project manager/clinical supervisor - will attend the (virtually or in-person) *Annual Conference on Advancing School Mental Health* facilitated by the University of Maryland School of Medicine. The conference brings together leaders, practitioners, researchers, family members, advocates, and other stakeholders in the school mental health field to share the latest research and best practices. The conference aligns with NWESD values for building strong school-family-community connections that deliver high-quality, culturally responsive, and equitable evidence-based mental health promotion, prevention, and intervention to students and families as part of a multi-tiered system of supports.

- D. Staff wellness: In addition to adequate compensation, a 190-day contract that allows for work-life balance, health care benefits, retirement, supportive supervision, staff wellness is crucial to workforce retention. A key component of staff wellness is having strong collegial relationships that support a safe and supportive work environment. The SBMHP+ leadership team will provide quarterly opportunities to convene as a PLC, hold monthly peer consultation groups, and create space on agendas for team building, networking, and collaboration.

The project leadership team has successfully, even throughout the COVID-19 pandemic, led efforts to enhance staff wellness. They have extensive training on trauma informed practices and healing centered engagement. These practices guide work with students, families and school staff, and inform how individuals and teams develop as professionals. Project leaders led organizational efforts in becoming a trauma informed organization. NWESD encourages its staff to acknowledge and investigate topics in which they seek to grow personally and professionally. Creating a work culture that builds upon the unique strengths and talents of staff is a core value that influences retention of a healthy SBMHP+ workforce.

Goal 3 project activities will result in improved retention of credentialed school-based mental health providers serving children and youth in our schools. We will monitor the following progress indicators and outcome measures:

Goal 3: Increase retention of credentialed SBMHP+ serving K-12 students	
Progress indicators	Outcome Measures
SBMH salary schedule adopted	Number of unduplicated, cumulative school-based mental health services providers retained as a result of grant activities (GPRA 2). Rate of attrition of SBHP+ participating in the project (GPRA 4)
Hours of staff development and wellness activities completed	
Number of hours clinical supervision hours completed	
Number of SBMH professionals who achieve state licensure	
Number of SBMH professionals who retain state licensure	
Number of bachelors level professionals seeking a master's degree	

Goal 4: Decrease student to SBMHP+ ratio from 1:1,640 to 1:547 by December 2027

This project will increase the number of SBMHP+ equipped and able to provide mental health support and treatment services – including diagnostic assessment, evaluation and treatment – in the school setting. Informed by BH-MTSS practices and collected data, students who need this level of support account for an estimated 10% of students in our schools (16,400 students). NWESD currently employs 10 SBMHP+, a ratio of 1:1,640. This project will increase the number of SBMHP+ to 30, a ratio of 1:547. NWESD will obtain prior, written, informed consent from the parent of each child who is under 18 years of age to participate in any mental-health assessment or service funded under this program and connected with an elementary or secondary school.

This level of school-based mental health services is possible because NWESD is both an LEA and licensed Behavioral Health Agency (BHA). NWESD services are covered under Health Insurance Portability and Accountability Act (HIPAA) compliance and the Family Educational Rights and Privacy Act (FERPA). NWESD will ensure that any school-based mental health services, including those offered via telehealth, will be provided in an equitable manner and consistent with the FERPA, the Protection of Pupil Rights Amendment (PPRA), the HIPAA, and all other applicable Federal, State, and local laws and profession-specific ethical obligations. The use of an electronic record keeping system in this project protects student and family privacy and allows for quality management of mental health services and documents.

NWESD has a plan for prompt delivery of services to students no later than 180 days from award notification. Job descriptions for SBMHP+ are established and recruitment can begin in January 2023. Ten SBMHP+ positions will be filled in Year 1, plus four in Year 2, plus three in Year 3, plus three in Year 4, leading to 20 full-time SBMHP+ serving students in schools.

Leveraging a combination of in-person, hybrid, and telehealth service delivery will improve students' access to services where none are available. NWESD can pair a SBMHP+ serving a medium size school with a small and more remote school. For example, a SBMHP+ at Anacortes Middle School (2,599 students, located on an island with a land bridge) may also be assigned to San Juan School District

(790 students, located on an island only accessible by state ferry), delivering a combination of in-person and telehealth services. NWESD successfully pivoted to telehealth for prevention, intervention and mental health support services when schools reopened during the COVID-19 pandemic. NWESD has established telehealth procedures and guidelines, access to a HIPAA compliant Zoom and use of an electronic record system to enable access to another telehealth technology option. The ability to utilize a telehealth/hybrid model may influence recruitment of professionals who more closely represent the students and families NWESD serves. Telehealth/hybrid services can help place appropriately trained staff in remote locations, reducing lengthy, costly, and sometimes treacherous commutes.

Goal 4 project activities will decrease the SBMHP+ to student ratio. We will monitor the following progress indicators and outcome measures:

Goal 4: Decrease student to SBMHP+ ratio from 1:1,640 to 1:547 by December 2027	
Progress indicators	Outcome Measures
Number of SBMHP+ placed in schools	Improved ratio of students to school-based mental
Number of students accessing services in-person, hybrid, or exclusively via telehealth	health services providers and number of school-based mental health providers and students used to calculate the ratio (GPRA 3)
	Total number of students who received school-based mental health services – in person and/or virtual - as a result of this grant (GPRA 5).

Goal 5: Diversify funding mechanisms to sustain SBMHP+ in schools

NWESD will sustain services through a variety of funding mechanisms, including school-district cooperative agreements and, potentially, through coordination of Medicaid and private insurance billing. During this project period, NWESD will:

- Expand cooperative service agreements with school districts, further developing a braided funding approach to sustain services.

- Explore and develop the necessary contractual agreements with managed care organizations (MCOs) to coordinate Medicaid and insurance billing for allowable services. This will support long term sustainability, providing critical capacity to expand future services in schools.
- Further develop relationships with county health departments and regional and state behavioral health entities who may be able to contribute to a braided funding approach to sustain services.
- Explore the creation of ESA (educational staff associate) certification for other credentialed SBMHP+ so that school districts can use basic education funds to support these specialized positions. Currently funding for these positions is limited to emergency relief and/or enrichment funds which are often funded by local tax levies. This would encourage other credentialed mental health professionals to seek employment in school-based mental health.
- Define the role of school based mental health professional “therapist” and the requisite supervision to ensure continuous support for SBMHP+. Few school districts have staff with the requisite credentials to provide the level of supervision required to retain staff with the highest level of licensure. NWESD is uniquely positioned as an LEA and licensed BHA and can offer this continuous support.

Goal 5 project activities will diversify funding mechanisms to sustain SBMHP+ long term. We will monitor the following progress indicators and outcome measures:

Goal 5: Diversify funding mechanisms to sustain SBMHP+ in schools	
Progress indicators	Outcome Measures
Number and value of cooperative agreements with partnering school districts	Number and amount of funding sources leveraged to sustain existing positions
Number and value of formal contracts with Managed Care Organizations in Washington state that enable NWESD to seek Medicaid	
	School systems integrate treatment level services into the overall school based mental health landscape

reimbursement for allowable mental health services. School-based mental health professionals considered ESAs, therefore allowing basic education funds to be used to support these positions Shared definition of “therapist” adopted and shared understanding of the supervision required to retain professionals	Adoption of ESA certification for other credentialed school based mental health professionals
--	---

NWESD will comply with the General Education Provisions Action Section 427, ensuring that no student or staff member is denied participation based on gender, race, national origin, color, disability, sexual orientation, or age. This project is designed to increase student access to credentialed SBMHP+, particularly for underserved groups at higher risk of mental health challenges including racial and ethnic minority youth, LBGTQ+ youth, low-income youth, youth in rural areas, youth in immigrant and migrant households, and homeless youth. NWESD has taken steps in the project design phase to mitigate barriers to access. Grant funds will be used to:

- Recruit, hire, train and support, place and retain credentialed school-based mental health professionals (SBMHP+) serving in schools furthest from services
- Recruit, hire, train and support, place and retain SBMHP+ who are from diverse backgrounds and/or from the communities served
- Provide translation/interpretation services to support virtual interventions and mental health support for students who are English Learners and their families
- Deliver school-based mental health services in-person and virtually
- Allocate time for SBMHP+ to work with families to ensure communication between home and school with constant conversations through web-based visits, phone calls, emails etc.

Quality of Project Personnel

Key personnel equipped to carry out the project include the NWESD Behavioral Health & Prevention Director (5%) and Assistant Director (25%), plus a full-time Behavioral Health Administrator, full-time Program Manager/Clinical Supervisor, and a part-time Clinical Supervisor (50%) who will begin in Year 2. This staffing ensures adequate clinical supervisor at no more than a ratio of 1:7, and the leadership, influence and expertise to build a durable SBMHP+ program in our region. One full-time Administrative Assistant will provide clerical and logistical support for the life cycle of the project, including coordinating work that directly impacts recruitment, retention, service delivery, and supports mileage reimbursement, travel arrangements, data entry and data integrity, monitoring and reports, and strengthening implementation of the electronic records system within organization and department operations.

Twenty full-time School-Based Mental Health Professionals will provide direct services – a total of 10 in Year 1, 14 in Year 2, 17 in Year 3, and 20 in Years 4 and 5. Table 3 Describes the qualifications of key personnel and their project-related contributions. NWESD will seek and encourage applications from people who are members of groups that have been traditionally underrepresented.

When contracting for professional development services and when hiring consultants, NWESD will reach out to subject matter experts from culturally specific community groups and professionals.

Table 3. Key personnel, credentials, and contributions to the project

Position	Credentials	Contributions
Director (5%)	MA, Educational Leadership Professional Education Admin Cert (WA) Professional Education Teaching Cert 34 yrs. Ed leadership and educational support experience	Lead policy and system change efforts to enable durable retention of workforce in our region Ensure compliance Provide fiscal oversight

	10 yrs. school-based mental health exp.	Institutionalize project into the regional education system Supervise, evaluate the Asst Director
Assist Dir (25%)	MS, Marriage and Family Therapy Licensed Marriage and Family Therapist (WA) Child Mental Health Specialist Washington State Approved Supervisor 20 yrs. of mental health work experience 9+ yrs. of school-based mental health exp.	Provide project leadership and direction Establish partnerships, negotiate agreements Develop framework for diversifying the workforce Diversify funding mechanisms Convene statewide stakeholders (AESD, HCA, OSPI, MCO, CBOs) Provide clinical supervision for up to 3 SBMHP+ Supervise, evaluate the Behavioral Health Administrator
Behavioral Health Administrator (100%, 260 days)	MA, Psychology Licensed Mental Health Counselor (WA) Child Mental Health Specialist Washington State Approved Supervisor 30+ yrs. of mental health work exp. 7+ yrs. of school-based mental health exp.	Oversee all program activities including recruitment, retention and workforce diversification Provide clinical supervision for up to 4 SBMHP+ Oversee Electronic Record system Stay current on and maintain compliance with state behavioral health requirements, including informing and

		<p>enforcing policies and procedures that ensure HIPAA and FERPA</p> <p>Monitor program budget</p> <p>Coordinate sustainability efforts</p> <p>Ensure quality management of mental health services</p> <p>Oversee state audit</p> <p>Coordinate with school, district and community-based partners</p> <p>Supervise and evaluate the program manager, clinical supervisor, and administrative assistant</p>
<p>Project Manager/ Clinical Supervisor (100%, 260 days)</p>	<p>MA, Social Work</p> <p>Licensed Independent Clinical Social Worker (WA)</p> <p>Child Mental Health Specialist</p> <p>Washington State Approved Supervisor</p> <p>25+ yrs. of mental health work experience</p> <p>15+ yrs. of school-based mental health exp.</p>	<p>Assist the Behavioral Health Admin with all project activities: recruitment, retention, and diversification of the workforce</p> <p>Train SBMH providers in policies, procedures, clinical practices, data entry, compliance</p> <p>Coordinate and monitor professional development</p> <p>Manage project deliverables</p> <p>Collect, analyze, and utilize data</p> <p>Prepare and submit reports</p>

		Provide clinical supervision for up to 7 SBMHP+ Outreach to schools to ensure effectiveness of services Coordinate SBMHP+ placement
Clinical Supervisor (begin Yr. 2) (50%, 260 days)	Candidates will have 5+ years clinical experience and meet state approved supervisor requirements	Provide clinical supervision for up to 6 SBMHP+ Contribute expertise to training and professional development
SBMHP+ (100%, 190 days)	Candidates' experience will range from intern level to state licensed. Prioritize SBMHP+ who reflect our student population and have school-based mental health experience.	Deliver direct services to students, focusing 80% of time on Tier 3 support and 20% on Tiers 1 and 2 support.

Management Plan and Adequacy of Resources

NWESD is responsible for program and fiscal oversight responsibilities and has a successful record of managing Federal funds. NWESD is governed by a Board of Directors that oversees the Superintendent. Both the Board of Directors and the Superintendent will provide executive sponsorship and leadership. The Superintendent will serve as the primary liaison with the Washington Association of Education Service Districts (AESD) - a key player in statewide resource allocations - and will convene a monthly Superintendent's Advisory Council comprised of superintendents from the 35 school districts in northwest Washington. The Director (0.05 FTE) of Behavioral Health and Prevention will serve as the primary liaison between the Washington State Office of Superintendent of Public Instruction (SEA) and statewide directors of school-based mental/behavioral health services. The Assistant Director (0.25 FTE) will serve as primary liaison between partner organizations, including partner school districts,

universities, managed care organizations, community-based organizations, professional and workforce development organizations and will direct project staff responsible for day-to-day operations.

Staffing Design: Special care has been taken to develop roles and responsibilities that will ensure the success of the SBMHP+ project. The design and management of the proposed project takes into consideration the unique role of school-based mental health professionals and the school communities in which they serve. Staffing includes the necessary management and administrative capacity, support for program delivery, rigorous supervision and professional development, and linkages to professional onramps. NWESD is committed to building position profiles that work to attract and retain the best candidates. The leadership team is staffed to provide high quality, licensed clinical supervision to ensure the success of project deliverables. The Behavioral Health Administrator (1.0 FTE) will provide leadership and oversight of implementation, including budget management, compliance, recruitment and retention strategies, clinical supervision, and relationships with school district partners. The Project Manager/Clinical Supervisor (1.0 FTE) will manage project implementation; train SBMHP+ in policies, procedures, clinical practices, data entry, compliance; coordinate and monitor professional development; oversee project deliverables; collect and analyze data, progress monitor; provide clinical supervision for up to seven SBMHP+; engage school personnel to ensure effectiveness of services; coordinate SBMH professional placement. One part-time (0.50 FTE) Clinical Supervisor will supervise up to six SBMHP+ and contribute to and facilitate training and professional development.

Cross-system collaboration | NWESD works in collaboration with related Federal, State, and local organizations to ensure school-based efforts are coordinated. NWESD's school-based approaches are informed by evolving standards from the *National Center for School Mental Health* (NCSMH), the *Mental Health Technology Transfer Center (MHTTC) Network* - including its regional agent, the *Northwest MHTTC* operated by the University of Washington *Smart Center*. NWESD has access to these organizations for technical assistance with relevant training and pragmatic policy and procedural guidance.

These organizations and the State of Washington by way of its Office of the Superintendent of Public Instruction (OSPI) and particularly our Northwest Education Services District are and have been invested in the general growth and development of Multi-tiered Systems of Support (MTSS) as a comprehensive approach in school districts to identify and address the varied needs of student populations. NWESD has been involved in directly assisting school districts newly employing this model, which provides us significant experience working with an accepted model integrating specific mental health interventions to broaden school-based social emotional approaches with students.

NWESD continues to work with local Medicaid serving Behavioral Health Agencies (BHA's) and local school districts, to promote access to licensed mental health providers by way of increasing availability of state licensed in-person school-based mental health professionals, school-based tele-mental health services and other mental health support roles in school districts. With assistance from this grant, we aim to reverse the trending dearth of mental health workforce by supporting competitive wages, appropriate clinical supervision, supportive consultation, and comprehensive recruitment efforts.

For purposes of recruitment and diverse workforce sustainability NWESD will partner with local institutions of higher education, including University of Washington, Western Washington University (school counseling/mental health therapist programs), Antioch Seattle, City University Seattle, Skagit Valley College (Human Services program), and other of the region's community colleges.

For purpose of continued and accelerated expansion of mental health services and long-term program sustainability NWESD will continue and enhance collaboration and partnerships with regional Medicaid mental health providers including Compass Health, Sea Mar Community Health Centers, Catholic Community Services of Western Washington, and Consejo Counseling and Referral Services. ESD will continue and expand work with County health departments in its region to leverage local resources earmarked for children's behavioral health services. NWESD will also continue its current collaboration with local school districts and county government supporting local school-based health centers. These collaborations promise success in growing the number of credentialed SBMHP+ in the school community mental health system.

BUDGET NARRATIVE

A complete budget narrative (Section C Budget Summary) is uploaded to *Budget Narrative Attachment Form VI.2*. Grant funds will be used to support activities related to Goals 1 through 5 as outlined in this proposal. Federal funds include (Section A Budget Summary) \$10,649,935 in direct costs, plus \$762,536 in indirect costs at an approved rate of 7.16%, plus (Section D Budget Summary) \$439,931 in limited administrative expenses. Non-Federal match (Section B Budget Summary) has been committed to support this ambitious effort at a total of \$3,126,340 from Northwest Educational Service District 189 (Applicant), Skagit County (Local), and through cooperative agreements with school districts (Local). The total project cost is \$14,978,742 for 60 months.

Grant funds will be used to supplement, not supplant existing school-based mental health services funds and to expand, not duplicate, efforts to increase the number of providers. To ensure no duplication of efforts, the school-based mental health professions hired as a result of this grant will spend 80% of their time providing Tier 3 services, and 20% of their time providing 2 and 1. This will enhance services offered by school counselors, school social-workers, and school psychologist services. The SBMH professional will become a part of the school-level team to identify and respond to students' needs using multi-tiered systems of support. Having these specially trained and clinically supervised SBMHP+'s on school-level teams will nearly eliminate the delay in access to services students currently experience.

NWESD Logic Model for increasing SBMHP+ in northwest Washington schools

Approach: NWESD will build upon its successful model to recruit, hire, support, and retain credentialed SBMHP+ to serve students at greatest risk for mental health challenges in schools.			
Goal 1: Increase the number of credentialed school-based mental health professionals in northwest Washington schools from 10 to 30 by December 2027 (Absolute Priority 2).			
Activities & Timeline	Resources	Progress Indicators	Outcome Measures
Partner w/colleges, universities, prof and community-based orgs to identify a robust pool of highly qualified SBMHP+ (Yrs. 1-5) Conduct in-person and virtual outreach (Yrs. 1-5)	NWESD is a LEA and a state licensed BHA (Behavioral Health Agency) which appeals to MH professionals seeking licensure NWESD HR dept. is experienced at managing the employment lifecycle and monitors and reports recruitment efforts	Number of recruitment contacts Number of qualified applicants Recruit, hire, and place at least 5 of 10 SBMHP+ within the first 180 days of Year 1 Number of SBMHP+ positions filled (10 in Year 1; 14 in Year 2, 17 in Year 3, and 20 in Years 4 and 5)	Number of unduplicated, cumulative new school-based mental health services providers hired (GPRA 1)

P.072

<p>Advertise with a variety of proven recruitment sites (Yrs. 1-5)</p> <p>Encourage current bachelor's level staff to pursue Mental Health master's degree programs to become SBMHP+ (Yrs. 1-5)</p> <p>Provide paid internship opportunities</p>	<p>Staff are experienced with in-person and virtual outreach</p> <p>Advertising contracts established</p>		
--	---	--	--

Goal 2: Expand the diversity of credentialed school-based mental health professionals serving K-12 students by at least 25% (Competitive Priority 2).			
Activities & Timeline	Resources	Progress Indicators	Outcome Measures
<p>Pursue new and expand existing partnerships with training and educational programs who prioritize selection of diverse, non-traditional, underrepresented student/ workforce populations (Yrs. 1-5)</p> <p>Leadership team members complete annual training in equitable hiring practices including recruitment, screening, interviewing, onboarding, supervision, and</p>	<p>WWU and NWESD equity priorities are aligned</p> <p>Consultation with NWESD Migrant Education and equity team</p> <p>NWESD committed to workforce equity goal to increase workforce diversity by 25%</p> <p>Established equitable hiring practices training</p> <p>Established equity lens</p>	<p>100% of project leadership team complete equitable hiring practices training annually</p> <p>100% of job descriptions reviewed annually</p> <p>Number of equity-related staff training</p> <p>100% of professional development offerings include tenants of EDI</p> <p>Established relationships with cultural groups to inform and develop workforce pathways</p>	<p>Increased percentage of qualified applicants who are members of groups that have traditionally been underrepresented based on race, color, national origin, gender, sexual orientation, age, or disability by at least 25% (GPRA 6)</p>

P. 074

<p>performance evaluation (Yrs. 1-5)</p> <p>Use equity lens to review and refine job descriptions and interview questions reviewed and refined annually (Yrs. 1-5)</p> <p>Encourage staff to pursue equity-related training opportunities (Yrs. 1-5)</p> <p>Ensure all professional development offerings include tenants of equity, diversity, and inclusion (EDI) (Yrs. 1-5)</p>		<p>(e.g., PFLAG, Community Action Latinx Advisory)</p>	
--	--	--	--

Goal 3: Increase retention of credentialed SBMHP+ serving K-12 students			
Activities & Timeline	Resources	Progress Indicators	Outcome Measures
<p>Establish an equitable compensation model (Yr. 1)</p> <p>Participate in state and regional level behavioral health meetings to address workforce barriers (Yrs. 1-5)</p> <p>Maintaining a clinical supervisor to SBMHP+ ratio of no more than 1:7</p> <p>Offer timely and relevant consultation and support (Yrs. 1-5)</p> <p>Provide 40 hours of paid time annually for training and</p>	<p>Salary schedule modeled after credentialed school counselor/teacher schedule and includes an annual 3.5% COLA increase, plus 4.5% step increase, plus \$1,200 contract signing bonus</p> <p>Director and Asst.</p> <p>Director serve on state-level teams</p> <p>State approved supervision provided by:</p> <p>Licensed Independent Clinical Social Workers,</p>	<p>SBMH salary schedule offered</p> <p>State and regional level meetings held</p> <p>Number of hours clinical supervision hours completed</p> <p>Hours of staff development completed</p> <p>Hours PLC supported</p> <p>Hours of monthly peer consultation</p> <p>Number of SBMHP+ achieving and/or retaining state licensure</p>	<p>Number of unduplicated, cumulative school-based mental health services providers retained as a result of grant activities (GPRA 2).</p> <p>Rate of attrition of SBHP+ participating in the project (GPRA 4)</p>

P. 076

<p>professional development (Yrs. 1-5)</p> <p>Participate in national conferences for school-based mental health services (Yrs. 1-5)</p> <p>Convene quarterly PLC</p> <p>Provide monthly peer consultation (Yrs. 1-5)</p> <p>Support a trauma informed workplace (Yrs. 1-5)</p> <p>Conduct exit interviews with SBMHP+ who do not renew their employment contract</p>	<p>Licensed Mental Health Counselors, and Licensed Marriage and Family Therapists who are also Child Mental Health Specialists</p> <p>NWESD current and expanded staffing infrastructure to provide professional development, training, clinical supervision and support.</p> <p>Current NWESD Student Assistance Professional workforce pursuing master's degree to become licensed SBMHP+ receive</p>	<p>Number of bachelors level professionals seeking a master's degree</p> <p>Percent of staff who report positively on trauma informed workforce indicators of employee engagement survey</p> <p>Retained staff will demonstrate a higher level of SBMHP skills and proficiency.</p> <p>Students served by SBMHP's will receive higher quality services</p>	
---	---	--	--

	<p>flexible work schedules and internship opportunities.</p> <p>Access to internal and external professional development training and opportunities.</p> <p>Annual employee engagement and equity survey</p> <p>Exit interview protocol established</p>		
--	---	--	--

Goal 4: Decrease student to SBMHP+ ratio from 1:1,640 to 1:547 by December 2027			
Activities & Timeline	Resources	Progress Indicators	Outcome Measures
<p>Place SBMHP+ in schools</p> <p>Utilize Behavioral Health Multi-Tiered System of Supports for Behavioral Health (MTSS-BH) to better match student needs to specific SBMHP+ role, focusing 80% of time on Tier 3 and 20% on Tiers 1 and 2 (Yr. 1-5)</p> <p>Strategically utilize telehealth and/or hybrid model to improve access to services where there is significant provider ratio imbalances. (Yr. 1-5)</p>	<p>Established template agreement and protocols in practice used by 10 existing SBMHP+</p> <p>Existing training on MTSS-BH model, effective screening and referral processes</p> <p>Existing telehealth services meet applicable privacy requirements and standards of care</p>	<p>Number of SBMHP+ placed in schools</p> <p>Number of schools using MTSS-BH in schools</p> <p>Caseload number for all Tiers of services; school counselors report increased capacity to provide Tier 1 and Tier 2 strategies designed to prevent escalation</p> <p>Number of students accessing services in-person, hybrid, or exclusively via telehealth</p>	<p>Improved ratio of students to school-based mental health services providers and number of school-based mental health providers and students used to calculate the ratio (GPRA 3)</p> <p>Total number of students who received school-based mental health services – in person and/or virtual - as a result of this grant (GPRA 5).</p>

Goal 5: Diversify funding mechanisms to sustain SBMHP+ in schools			
Activities & Timeline	Resources	Progress Indicators	Outcome Measures
Expand cooperative service agreements with school districts (Yr 1 and annually thereafter)	Existing cooperative agreements for SBMHP+ services with 10 school districts	Number and value of cooperative agreements with partnering school districts	Number and amount of funding sources leveraged to sustain existing positions
Explore the ability to coordinate Medicaid billing for allowable services (Yr. 1-2)	MCO provider agreements and credentialing process with insurance providers in process	Number and value of formal contracts with five Managed Care Organizations in Washington state	School systems integrate treatment level services into the overall school based mental health landscape
Develop the necessary contractual agreements with managed care organizations (Yrs 1-2)	Research and bid to purchase electronic case management system capable of billing insurance ready	Number and value of other funding sources leveraged to sustain existing positions	Adoption of ESA certification for other credentialed school based mental health professionals
Further develop relationships with county health departments, regional and state behavioral health entities (Yrs 1-5)	Existing relationships with regional health departments	Shared definition of “therapist” adopted and shared understanding of the supervision required to	

P.080

<p>Explore ESA cert so that basic education funds can be utilized to retain this level of staff (Yr. 2-3)</p> <p>Define the role of SBMHP+ “therapist” and “supervision” in the context of school systems and policies. (Yr. 4-5)</p>	<p>Coordinate with Office of Superintendent of Public Instruction, Department of Education, Professional Education Standards board to strategize best method to broaden definition of school based mental health professional and inform ESA recognition</p> <p>Review and utilize Washington Health Care Authority 2022 Medicaid School-Based Behavioral Health Services Billing Toolkit</p>	<p>retain SBMHP+ with state licensure</p> <p>School-based mental health professionals considered ESAs, therefore allowing basic education funds to be used to support these positions</p> <p>School systems integrate treatment level services into the overall school based mental health landscape</p>	
---	---	--	--

This ambitious work will improve/expand an existing approach. Specifically, Goals 1 – 5 will:

- Improve infrastructure and expand capacity to increase the number of SBMHP+ in northwest Washington schools from 10 to 30. SBMHP+ will dedicate 80% of their time to support students in need of Tier 3 support, enabling existing school counselors to dedicate 80% of their time to mental health promotion and prevention (Tier 1 and 2). This will add much needed capacity and expertise to provide a continuum of MTSS-BH services for students.
- Expand effective strategies aimed at recruiting, hiring, supporting and retaining a SBMHP+ workforce that more closely represents the communities we serve.
- Strengthen and institutionalize retention strategies.
- Advance efforts to diversify funding through cooperative agreements between LEAs, county governments, managed care organizations, private insurance companies, and others.

This approach will address existing barriers by:

- Addressing pay equity issues by establishing a salary schedule that aligns with certificated teacher/counselor pay
- Addressing the lack of credentialed school-based mental health providers with the requisite expertise to provide Intensive Tier 3 support for students at school
- Expanding capacity of a team of state licensed clinical supervisors equipped and dedicated (time) to provide high quality supervision and support that leads to improved retention
- Building a more robust workforce serving students

- Seeking reimbursement through a variety of payees while ensuring access to all students, regardless of their ability to pay

This approach will be sustained by:

- Diversifying funding mechanisms to support SBMHP+ services by implementing an electronic case management system that facilitates confidential case management, monitoring, and establishes the necessary capacity for seeking reimbursement for allowable services
- Firmly establishing the role of a SBMHP+ within more schools

References

- American School Counselor Association (2021), Student-to-School-Counselor Ratio (ASCA, 2021)
<https://www.schoolcounselor.org/getmedia/238f136e-ec52-4bf2-94b6-f24c39447022/Ratios-20-21-Alpha.pdf>
- Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System, 2019 (YRBSS, 2019) <https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>
- Duong, M., Bruns, E., Lee, K., Cox, S., Coifman, J., Mayworm, A., & Lyon, A. (2020). Rates of mental health service utilization by children and adolescents in schools and other common service settings: A systematic review and meta-analysis. *Administration and Policy in Mental Health*.
<https://doi.org/10.1007/s10488-020-01080-9>
- Healthy Youth Survey, Northwest Educational Service District, 2021 <https://www.askhys.net/> (HYS, 2021)
- Sanchez, A. L., Cornacchio, D., Poznanski, B., Golik, A. M., Chou, T., & Comer, J. S. (2018). The Effectiveness of School-Based Mental Health Services for Elementary-Aged Children: A Meta-Analysis. *Journal of the American Academy of Child & Adolescent Psychiatry*, 57(3), 153–165.
<https://doi.org/10.1016/j.jaac.2017.11.022>
- Kaiser Permanente, Washington Student Mental Health and Wellness Summary Report 2018
- Leeb, R. T., Bitsko, R. H., Radhakrishnan, L., Martinez, P., Njai, R., Holland, K. M., 2020. Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020 (Leeb et al., 2020)
- Lyon, A. R., Ludwig, K. A., Stoep, A. V., Gudmundsen, G., & McCauley, E. (2013). Patterns and predictors of mental healthcare utilization in schools and other service sectors among adolescents at risk for depression. *School Mental Health*, 5(3), 155–165. <https://doi.org/10.1007/s12310-012-9097-6>
- National Association of School Psychologists (2021), Student-to-School Psychologist Ratio

Northwest Educational Service District Environmental Scan of School-Based Mental Health Professions,
2020-2021

Northwest Educational Service District Environmental Scan of School-Based Psychologists, 2022
Office of Superintendent of Public Instruction, Report of Credentialed School-Based Mental Health
Professionals, October 2022

University of California Los Angeles (UCLA) Center for Civil Rights Remedies, Cops and No
Counselors (2021), Retrieved October 2022 at <https://www.aclu.org/issues/juvenile-justice/school-prison-pipeline/cops-and-no-counselors>

U.S. Surgeon General's Advisory, Protecting Youth Mental Health, 2021, retrieved at
<https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>

Whatcom County, Community Health Impact Assessment, July 2021 (Whatcom, 2021)



**U.S. DEPARTMENT OF EDUCATION
BUDGET INFORMATION
NON-CONSTRUCTION PROGRAMS**

OMB Number: 1894-0008
Expiration Date: 09/30/2023

Name of Institution/Organization

Northwest Educational Service District 189

Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please read all instructions before completing form.

**SECTION A - BUDGET SUMMARY
U.S. DEPARTMENT OF EDUCATION FUNDS**

Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Project Year 6 (f)	Project Year 7 (g)	Total (h)
1. Personnel	829,014.00	1,156,184.00	1,434,330.00	1,727,847.00	1,745,751.00			6,893,126.00
2. Fringe Benefits	315,025.00	483,285.00	599,550.00	722,240.00	729,724.00			2,849,824.00
3. Travel	17,218.00	20,938.00	23,728.00	26,518.00	26,518.00			114,920.00
4. Equipment	0.00	0.00	0.00	0.00	0.00			0.00
5. Supplies	6,650.00	5,445.00	5,540.00	6,215.00	5,300.00			29,150.00
6. Contractual	7,300.00	9,100.00	10,450.00	11,800.00	11,800.00			50,450.00
7. Construction	0.00	0.00	0.00	0.00	0.00			0.00
8. Other	95,295.00	128,185.00	149,071.00	169,957.00	169,957.00			712,465.00
9. Total Direct Costs (lines 1-8)	1,270,502.00	1,803,137.00	2,222,669.00	2,664,577.00	2,689,050.00			10,649,935.00
10. Indirect Costs*	90,968.00	129,105.00	159,143.00	190,784.00	192,536.00			762,536.00
11. Training Stipends	0.00	0.00	0.00	0.00	0.00			0.00
12. Total Costs (lines 9-11)	1,361,470.00	1,932,242.00	2,381,812.00	2,855,361.00	2,881,586.00			11,412,471.00

***Indirect Cost Information (To Be Completed by Your Business Office):** If you are requesting reimbursement for indirect costs on line 10, please answer the following questions:

- (1) Do you have an Indirect Cost Rate Agreement approved by the Federal government? ☒ Yes ☐ No
- (2) If yes, please provide the following information:
 Period Covered by the Indirect Cost Rate Agreement: From: 09/01/2022 To: 08/31/2023 (mm/dd/yyyy)
 Approving Federal agency: ☒ ED ☐ Other (please specify):
 The Indirect Cost Rate is 7.16 %.
- (3) If this is your first Federal grant, and you do not have an approved indirect cost rate agreement, are not a State, Local government or Indian Tribe, and are not funded under a training rate program or a restricted rate program, do you want to use the de minimis rate of 10% of MTDC? ☐ Yes ☐ No If yes, you must comply with the requirements of 2 CFR § 200.414(f).
- (4) If you do not have an approved indirect cost rate agreement, do you want to use the temporary rate of 10% of budgeted salaries and wages?
☐ Yes ☐ No If yes, you must submit a proposed indirect cost rate agreement within 90 days after the date your grant is awarded, as required by 34 CFR § 75.560.
- (5) For Restricted Rate Programs (check one) -- Are you using a restricted indirect cost rate that:
☐ Is included in your approved Indirect Cost Rate Agreement? Or, ☐ Complies with 34 CFR 76.564(c)(2)? The Restricted Indirect Cost Rate is %.
- (6) For Training Rate Programs (check one) -- Are you using a rate that:
☐ Is based on the training rate of 8 percent of MTDC (See EDGAR § 75.562(c)(4))? Or, ☐ Is included in your approved Indirect Cost Rate Agreement, because it is lower than the training rate of 8 percent of MTDC (See EDGAR § 75.562(c)(4))?

Name of Institution/Organization Northwest Educational Service District 189	Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please read all instructions before completing form.							
SECTION B - BUDGET SUMMARY NON-FEDERAL FUNDS								
Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Project Year 6 (f)	Project Year 7 (g)	Total (h)
1. Personnel	248,026.00	367,746.00	424,458.00	529,991.00	679,584.00			2,249,805.00
2. Fringe Benefits	94,250.00	118,525.00	172,419.00	215,287.00	276,054.00			876,535.00
3. Travel								
4. Equipment								
5. Supplies								
6. Contractual								
7. Construction								
8. Other								
9. Total Direct Costs (lines 1-8)	342,276.00	486,271.00	596,877.00	745,278.00	955,638.00			3,126,340.00
10. Indirect Costs								
11. Training Stipends								
12. Total Costs (lines 9-11)	342,276.00	486,271.00	596,877.00	745,278.00	955,638.00			3,126,340.00
SECTION C - BUDGET NARRATIVE (see instructions)								

ED 524

Name of Institution/Organization Northwest Educational Service District 189	Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please read all instructions before completing form.							
IF APPLICABLE: SECTION D - LIMITATION ON ADMINISTRATIVE EXPENSES								
(1) List administrative cost cap (x%): <input style="width: 50px;" type="text" value="5.00"/>								
(2) What does your administrative cost cap apply to? <input checked="" type="checkbox"/> (a) indirect and direct costs or, <input type="checkbox"/> (b) only direct costs								
Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Project Year 6 (f)	Project Year 7 (g)	Total (h)
1. Personnel Administrative	37,321.00	41,742.00	64,482.00	66,739.00	69,075.00			279,359.00
2. Fringe Benefits Administrative	14,219.00	16,956.00	26,193.00	27,110.00	28,059.00			112,537.00
3. Travel Administrative	0.00	0.00	0.00	0.00	0.00			0.00
4. Contractual Administrative	0.00	0.00	0.00	0.00	0.00			0.00
5. Construction Administrative	0.00	0.00	0.00	0.00	0.00			0.00
6. Other Administrative	9,607.00	9,607.00	9,607.00	9,607.00	9,607.00			48,035.00
7. Total Direct Administrative Costs (lines 1-6)	61,147.00	68,305.00	100,282.00	103,456.00	106,741.00			439,931.00
8. Indirect Costs	0.00	0.00	0.00	0.00	0.00			0.00
9. Total Administrative Costs	61,147.00	68,305.00	100,282.00	103,456.00	106,741.00			439,931.00
10. Total Percentage of Administrative Costs	5.00	4.00	4.00	4.00	4.00			

ED 524